2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002183

Entity Name: HIGHLAND LENDING, INC.

ABBOTTSFORD HOLDING, LLC

POWELL, OH 43065 US

1885 ABBOTTSFORD GREEN DRIVE

Name:

Address: City-St-Zip: FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5025 ARLINGTON CENTRE BLVD 240 COLUMBUS, OH 43220 **New Mailing Address: Current Mailing Address:** 5025 ARLINGTON CENTRE BLVD COLUMBUS, OH 43220 US FEI Number: 86-1140548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KINER, CHAD P Name: Name: 5025 ARLINGTON CENTRE BLVD STE 240 Address: Address: City-St-Zip: COLUMBUS, OH 43220 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: ADAMS, MICHAEL V Name: 5025 ARLINGTON CENTRE BLVD STE 240 Address: Address: COLUMBUS, OH 43220 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHAD KINER P 04/21/2008