2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007490

Entity Name: LENDINGCLUB CORPORATION

FILED May 12, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
16712 SHELDON RD LOS GATOS, CA 95030			440 N. WOLFE ROAD SUNNYVALE, CA 94085			
Current Mailing Address:			New Mailing Address:			
16712 SHELDON RD LOS GATOS, CA 95030			440 N. WOLFE ROAD SUNNYVALE, CA 94085			
El Number	r: 51-0605731	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
lame and	d Address of Cu	rrent Registered Agent:	Name and	Address o	f New Registered Agent:	
	ATION SERVICE	COMPANY				
	S STREET SEE, FL 32301	US				
he above	e named entity sul	bmits this statement for the i	ourpose of changing i	ts registered	d office or registered agent, or both	
the Stat	e of Florida. RE:			ts registered	d office or registered agent, or both	
	e of Florida. RE:	bmits this statement for the positions of Registered Ag		ts registered	d office or registered agent, or both Date	
n the Stat SIGNATU n accordar	e of Florida. RE: Electronic nce with s. 607.193(2		ent			
n the Stat SIGNATU n accordar Election Ca	e of Florida. RE: Electronic nce with s. 607.193(2	Signature of Registered Ag 2)(b), F.S., the corporation did no rust Fund Contribution ().	ent ot receive the prior notic	e.		
n the Stat BIGNATU n accordant Election Ca DFFICER Title: lame: .ddress:	e of Florida. RE: Electronic nce with s. 607.193(2 mpaign Financing T	Signature of Registered Agel(b), F.S., the corporation did not rust Fund Contribution (). DRS: elete JAUD RD	ent ot receive the prior notic	e.	Date	
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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.

SIGNATURE: HELEN MILLER-MONTANA OPS 05/12/2008