2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007490

Title:

Name:

Address:

City-St-Zip:

OPS

() Delete

39962 CEDAR BOULEVARD, #200

MILLER-MONTANA, HELEN

NEWARK, CA 94560

Entity Name: LENDINGCLUB CORPORATION

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 440 N. WOLFE ROAD SUNNYVALE, CA 94085 **Current Mailing Address: New Mailing Address:** 440 N. WOLFE ROAD SUNNYVALE, CA 94085 FEI Number: 51-0605731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHSSEE, FL 32301 US 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: **PCFO** () Delete () Change () Addition LAPLANCHE, RENAUD Name: Name: 16712 SHELDON RD Address: Address: City-St-Zip: LOS GATOS, CA 95030 City-St-Zip: Title: COO Title: () Change () Addition () Delete Name: DONOVAN, JOHN Name: 164 TAINTOR DRIVE Address: Address: SOUTHPORT, CT 06890 City-St-Zip: City-St-Zip: () Delete Title: Title: CTO OPS (X) Change () Addition DELGADO, JOAQUIN REED, NIKOLE C Name: Name: 1802 SILVA PLACE 190 RYLAND STREET #1411 Address: Address: City-St-Zip: SANTA CLARA, CA 95054 City-St-Zip: SAN JOSE, CA 95110

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.

Title:

Name:

Address:

City-St-Zip:

VP F

SOLOVEI, HOWARD

SUNNYVALE, CA 94085

440 N WOLFE RD.

(X) Change () Addition

SIGNATURE: RENAUD LAPLANCHE CEO 01/14/2009