2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004193

Title:

Name:

Address:

City-St-Zip:

Entity Name: E*TRADE FINANCIAL CORPORATE SERVICES, INC.

FILED Jun 02, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4500 BOH	/NTHIA BOCK IANNON DR ARK, CA 9402	5		ANNON DR ARK, CA 940	25	
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
ATTN: CYNTHIA BOCK 4500 BOHANNON DR MENLO PARK, CA 94025			671 NORT	ATTN: SELINA IBARRA 671 NORTH GLEBE ROAD ARLINGTON, VA 22203		
FEI Number	: 77-0054242	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C () GELBARD, ARI 671 N GLEBE F ARLINGTON, V	RD	Title: Name: Address: City-St-Zip:	P (WULFORST, 671 NORTH G ARLINGTON,	SLEBE ROAD	
Title: Name: Address: City-St-Zip:	P (X) ROBERTS, THO 4005 WINDWA ALPHARETTA,	RD PLAZA DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BOCK, CYNTHI ATTN: CYNTHI MENLO PARK,	A BOCK	Title: Name: Address: City-St-Zip:	S (SHER, LORI 671 NORTH G ARLINGTON,		

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:

SIGNATURE: LORI SHER S 06/02/2008

() Delete

905 HIGHLAND POINT DR, SUITE 150

MULRON, SHANE

ROSEVILLE, CA 95678

(X) Change () Addition

905 HIGHLAND POINT DR, SUITE 150

MULRON, SHANE

ROSEVILLE, CA 95678