## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004193

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2009 Secretary of State

Entity Nai	me: E*TRADE	E FINANCIAL CORPORATE S	SERVICES	s, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
4500 BOHANNON DR MENLO PARK, CA 94025				4005 WINDWARD PLAZA DRIVE ALPHARETTA, GA 30005			
Current Mailing Address:				New Mailing Address:			
ATTN: SELINA IBARRA 671 NORTH GLEBE ROAD ARLINGTON, VA 22203				671 NORTH GLEBE ROAD ATTN: DEBORAH ASCHAFFENBURG ARLINGTON, VA 22203			
FEI Number	: 77-0054242	FEI Number Applied For ( )	FEI Nur	nber Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3231						
	named entity s e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	office or registered agent, or bo	oth,
SIGNATU							
	Electror	ic Signature of Registered Ag	gent			Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	not receive t	he prior notic	e.		
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECT	rors
Title: Name: Address: City-St-Zip:	P ( ) WULFORST, JA 671 NORTH GL ARLINGTON, V	EBE ROAD		Title: Name: Address: City-St-Zip:	WULFORST	VARD PLAZA DRIVE	
Title: Name: Address: City-St-Zip:	S ( ) SHER, LORI 671 NORTH GL ARLINGTON, V			Title: Name: Address: City-St-Zip:	D CURCIO, MI 135 EAST 57 NEW YORK,	TH STREET	
Title: Name: Address: City-St-Zip:	MULRON, SHA	POINT DR, SUITE 150		Title: Name: Address: City-St-Zip:	MULRON, SI	ND POINT DRIVE SUITE 100	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LORI SHER S 05/01/2009

( ) Delete

( ) Change (X) Addition

SHER, LORI

671 NORTH GLEBE ROAD

ARLINGTON, VA 22203