

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004401

FILED
Mar 10, 2009
Secretary of State

Entity Name: REAL ESTATE DISPOSITION CORPORATION

Current Principal Place of Business:

ONE MAUCHLY
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

ONE MAUCHLY
IRVINE, CA 92618

New Mailing Address:

FEI Number: 33-0441404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: FRIEDEN, JEFFREY P
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: S () Delete
Name: JOFFRION, JOSEPH O
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: T () Delete
Name: SALISBURY, DEBI
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: V () Delete
Name: DADY, CINDY A
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORUM, JAMES
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KEMP, DALE
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: VP (X) Change () Addition
Name: BUZZELLA, JAMES A
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: D () Change (X) Addition
Name: FRIEDEN, JEFFREY P
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

Title: D () Change (X) Addition
Name: FRIEDMAN, ROBERT D
Address: ONE MAUCHLY
City-St-Zip: IRVINE, CA 92618

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: JOSEPH O. JOFFRION

S

03/10/2009

Electronic Signature of Signing Officer or Director

Date