

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 17, 2009  
Secretary of State**

DOCUMENT# F07000004401

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORUM, JAMES  
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: KEMP, DALE  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

03/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date