2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# F08000002976

Entity Name: LOAN ADMINISTRATION NETWORK, INC.

Current Principal Place of Business:

18952 MACARTHUR BLVD., STE 100
IRVINE, CA 92612

New Principal Place of Business:

18952 MACARTHUR BLVD.
STE 100
IRVINE, CA 92612

Current Mailing Address:

18952 MACARTHUR BLVD., STE 100
IRVINE, CA 92612

New Mailing Address:

FEI Number: 33-0634938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WRIGHT, DARLENE
Address: 18776 DEODAR ST
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: V (X) Delete
Name: DESTEFONO, MARK
Address: 18952 MACARTHUR BLVD., STE 100
City-St-Zip: IRVINE, CA 92612

Title: S ( ) Delete
Name: NICHOLS, CHARLENE
Address: 18952 MACARTHUR BLVD., STE 100
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NICHOLS, CHARLENE
Address: 18952 MACARTHUR BLVD., STE 100
City-St-Zip: IRVINE, CA 92612

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: CHARLENE NICHOLS P 08/26/2009

Electronic Signature of Signing Officer or Director Date