

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006050

FILED
Jan 14, 2009
Secretary of State

Entity Name: IRWIN HOME EQUITY CORPORATION

Current Principal Place of Business:

%LEGAL DEPARTMENT
12677 ALCOSTA BLVD. SUITE 500
SAN RAMON, CA 94583

New Principal Place of Business:

Current Mailing Address:

%LEGAL DEPARTMENT
12677 ALCOSTA BLVD. SUITE 500
SAN RAMON, CA 94583

New Mailing Address:

FEI Number: 68-0339054

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: D () Delete
Name: MILLER, WILLIAM I
Address: 500 WASHINGTON STREET
City-St-Zip: COLUMBUS, IN 47201

Title: S () Delete
Name: SCHULTZ, STEVE
Address: 500 WASHINGTON ST
City-St-Zip: COLUMBUS, IN 47201

Title: DSVP () Delete
Name: EHLINGER, GREGORY F
Address: 500 WASHINGTON ST
City-St-Zip: COLUMBUS, IN 47201

Title: D () Delete
Name: SOUZA, MATTHEW
Address: 500 WASHINGTON STREET
City-St-Zip: COLUMBUS, IN 47201

Title: P () Delete
Name: MARTIN-LEANO, JOCELYN
Address: 12677 ALCOSTA BLVD
City-St-Zip: SAN RAMON, CA 94583

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP () Change (X) Addition
Name: O'GRADY, TIMOTHY
Address: 12677 ALCOSTA BLVD.
City-St-Zip: SAN RAMON, CA 94583

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: TIMOTHY O'GRADY

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date