

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003070

Entity Name

FIRST AMERICAN EQUITY LOAN SERVICES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90089 004 ***150.00

Principal Place of Business HIGHLAND AVE SOUT CRAWFORD FL 33756	Mailing Address 1228 EUCLID AVENUE 4TH FLOOR CLEVELAND OH 44115-1831 US
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A0001797



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 34-1294802 Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. EXISTING OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PDC HOPKINS, MICHAEL B ONE ERIEVIEW PLAZA CLEVELAND OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Hopkins, Michael B. 1228 Euclid Ave, Suite 400 Cleveland, OH. 44115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP V MCNAMANON, ROBERT ONE ERIEVIEW PLAZA CLEVELAND OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President McNamamon, Robert 1228 Euclid Ave, Suite 400 Cleveland, OH. 44115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S DOMAN, PAUL M 1228 EUCLID AVE, SUITE 400 CLEVELAND OH 44115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP T CONWAY, SEAN 1228 EUCLID AVE, SUITE 400 IRVING TX 44115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Conway, Sean 1228 Euclid Ave, Suite 400 Cleveland, OH. 44115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KENNEDY, PARKER S 114 E. 5TH ST. SANTA ANA CA 92701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000

Date

216-244-1278

Daytime Phone #

CR2E034 (9/99)