

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003913 (7)

1. Corporation Name

LOAN ADMINISTRATION NETWORK, INC.

Principal Place of Business

1401 DOVE ST., STE. 400  
NEWPORT BEACH CA 92660

Mailing Address

1401 DOVE ST., STE. 400  
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

33-0534938

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1401 Dove Street,

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Newport Beach, CA

Zip

24 92660

Country

25 USA

2a. Mailing Address

26 1401 Dove Street, #400

Suite, Apt. #, etc.

27 #400

City & State

28 Newport Beach, CA

Zip

29 92660

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~President~~ ☐ DELETE

NAME WRIGHT, DARLENE  
STREET ADDRESS 18776 DEODAR ST.  
CITY-ST-ZIP FOUNTAIN VALLEY CA 92708

TITLE ~~Secretary, Chief Financial Officer~~ ☐ DELETE

NAME NICHOLS, CHARLENE  
STREET ADDRESS 27925 TROADERO  
CITY-ST-ZIP MISSION VIEJO CA 92692

TITLE ~~Senior Vice President~~ ☐ DELETE

NAME Thomas A. Seavell  
STREET ADDRESS 1401 Dove Street, #400  
CITY-ST-ZIP Newport Beach, CA 92660

TITLE ~~Vice President~~ ☐ DELETE

NAME Anthony Hipp  
STREET ADDRESS 1401 Dove Street #400  
CITY-ST-ZIP Newport Beach, CA 92660

TITLE ~~Vice President~~ ☐ DELETE

NAME Michael Barnett  
STREET ADDRESS 1401 Dove Street, #400  
CITY-ST-ZIP Newport Beach, CA 92660

TITLE ~~Asst Vice President~~ ☐ DELETE

NAME Bob Booth  
STREET ADDRESS 1401 Dove Street #400  
CITY-ST-ZIP Newport Beach, CA 92660

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☐ Addition

1.2 NAME Heather J. Simon

1.3 STREET ADDRESS 1401 Dove Street, #400

1.4 CITY-ST-ZIP Newport Beach, CA 92660

2.1 TITLE Asst. Vice President ☐ Change ☐ Addition

2.2 NAME Lynn Krumrei

2.3 STREET ADDRESS 1401 Dove Street, #400

2.4 CITY-ST-ZIP Newport Beach, CA 92660

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Heather J. Simon, Heather J. Simon 1/16/98 (714) 752-5240