

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003913

1. Entity Name

LOAN ADMINISTRATION NETWORK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90165 010 ***150.00

Principal Place of Business

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

Mailing Address

1401 DOVE ST., STE. 400
NEWPORT BEACH CA 92660-2431

2. Principal Place of Business

18952 MacArthur Blvd.

Suite, Apt. #, etc.

100

City & State

Irvine, CA

Zip

92612

Country

USA

3. Mailing Address

18952 MacArthur Blvd.

Suite, Apt. #, etc.

100

City & State

Irvine, CA

Zip

92612

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0534938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HEATHER & SIMON	
STREET ADDRESS	1401 DOVE ST #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	NICHOLAS, CHARLENE	
STREET ADDRESS	1401 DOVE ST #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEAVEY, THOMAS A	
STREET ADDRESS	1401 DOVE ST #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WRIGHT, DARLENE	
STREET ADDRESS	1401 DOVE ST #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	GROVER, STEVE	
STREET ADDRESS	1401 DOVE ST #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	BRIGHTWELL, LOREIN	
STREET ADDRESS	1401 DOVE STREET #400	
CITY-ST-ZIP	NEWPORT BCH CA 92660	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nichols, Charlene	
STREET ADDRESS	18952 MacArthur Blvd, #100	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18952 MacArthur Blvd. #100	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEO	
STREET ADDRESS	18952 MacArthur Blvd. #100	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charlene Nichols, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

949/752-5246

Daytime Phone #

CR2E034 (9/99)