

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

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Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004556 (3)**

1. Corporation Name  
**INTUIT LENDER SERVICES, INC.**



Principal Place of Business <b>PO BOX 7850 M/S 1840 MOUNTAIN VIEW CA 94039-7850</b>	Mailing Address <b>PO BOX 7850 M/S 1840 MOUNTAIN VIEW CA 94039-7850</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2535 Garcia Avenue</b>		2a. Mailing Address <b>26 P.O. Box 7850</b>		3. Date Incorporated or Qualified <b>08/28/1997</b>	
Suite, Apt. #, etc. <b>22 M/S 52035</b>		Suite, Apt. #, etc. <b>27 M/S 52035</b>		4. FEI Number <b>77-0462534</b>	
City & State <b>23 Mountain View, CA</b>		City & State <b>28 Mountain View, CA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 94043</b>		Zip <b>29 94039-7850</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	1.4 CITY-ST-ZIP	NAME
NAME	STREET ADDRESS	2.1 TITLE	NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.2 NAME	STREET ADDRESS
TITLE	NAME	2.3 STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	2.4 CITY-ST-ZIP	NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.1 TITLE	NAME
TITLE	NAME	3.2 NAME	STREET ADDRESS
NAME	STREET ADDRESS	3.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP	NAME
TITLE	NAME	4.1 TITLE	NAME
NAME	STREET ADDRESS	4.2 NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4.4 CITY-ST-ZIP	NAME
NAME	STREET ADDRESS	5.1 TITLE	NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.2 NAME	STREET ADDRESS
TITLE	NAME	5.3 STREET ADDRESS	CITY-ST-ZIP
NAME	STREET ADDRESS	5.4 CITY-ST-ZIP	NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.1 TITLE	NAME
TITLE	NAME	6.2 NAME	STREET ADDRESS
NAME	STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP	NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kimberly Vogt**  
2/24/98  
Vice President  
619-784-1419

CR2E034 (10/97)