

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004556

1. Corporation Name
INTUIT LENDER SERVICES, INC.

Principal Place of Business
2535 GARCIA AVE
M/S 52035
MOUNTAIN VIEW CA 94043
US

Mailing Address
P. O. BOX 7850
M/S 52035
MOUNTAIN VIEW CA 94039-7850
US

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 047 ***150.00

03-17-1999 90008 048 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

77-0462534

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REESE, CARL J
STREET ADDRESS 2535 GARCIA AVENUE, M/S 2535
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

11 TITLE Reese, Carl
12 NAME C/O Intuit Inc., 6220 Greenwich Drive
13 STREET ADDRESS San Diego, CA 92122
14 CITY-ST-ZIP

TITLE V
NAME NYE, DANIEL T.
STREET ADDRESS 2535 GARCIA AVENUE, M/S 2500
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE V
NAME VOGT, KIM
STREET ADDRESS 2535 GARCIA AVENUE, M/S 2535
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

31 TITLE V,S,D
32 NAME Vogt, Kimberly S.
33 STREET ADDRESS C/O Intuit Inc., 6220 Greenwich Drive
34 CITY-ST-ZIP San Diego, CA 92122

TITLE CFOT
NAME SANTORA, GREG J
STREET ADDRESS 2535 GARCIA AVE, M/S 52012
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE AS
NAME COLES, VIRGINIA R ESQUIRE
STREET ADDRESS 2535 GARCIA AVE, M/S 52026
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly S. Vogt

Date

619-784-1413

Daytime Phone #

CR2E034 (11/98)