

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000997

1. Corporation Name

PSB LENDING CORP.

Principal Place of Business
1950 CAMINO VIDA ROBLE
CARLSBAD CA 92008

Mailing Address
1950 CAMINO VIDA ROBLE
CARLSBAD CA 92008

FILED

99 JAN 14 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1950 Camino Vida Roble Suite, Apt. #, etc. 22 City & State 23 Carlsbad, California Zip Country 24 92008 25 US		2a. Mailing Address 26 N/A Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/20/1998		4. FEI Number 33-0715601 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 D NAME HARTMAN, GERALD STREET ADDRESS 4144 N. CENTRAL EXPRESSWAY, STE. 160 CITY-ST-ZIP DALLAS TX 75204		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D NAME HASHAWAY, BOBBY STREET ADDRESS 4144 N. CENTRAL EXPRESSWAY, STE. 160 CITY-ST-ZIP DALLAS TX 75204		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE P NAME EMERLING, ROBERT S STREET ADDRESS 1925 PALOMAR OAKS WAY, STE. 105 CITY-ST-ZIP CARLSBAD CA 92008		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE V NAME CURRIE, CHUCK STREET ADDRESS 1925 PALOMAR OAKS WAY, STE. 105 CITY-ST-ZIP CARLSBAD CA 92008		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE S NAME SMITH, BROOKS STREET ADDRESS 4144 N. CENTRAL EXPRESSWAY, STE. 160 CITY-ST-ZIP DALLAS TX 75204		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE T NAME HASHAWAY, BOBBY STREET ADDRESS 4144 N. CENTRAL EXPRESSWAY, STE. 160 CITY-ST-ZIP DALLAS TX 75204		6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Emerling, President

1-599 1-888-211-6100

Date

Daytime Phone #

CR2E034 (11/98)