## 2000 UNIFORM BUSINESS REPORT (UBR)

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	MENT # <b>F98000</b> 0	00997					
1. Entity, Name PSE LENDING CORP					FILED		
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Principal Place of Business Mailing Address							
1950 CAMINO VIDA ROBLE CARLSBAD CA 92008		1950 CAMINO VIDA ROBLE CARLSBAD CA 92008-6517		ļ	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4	. FEI Number 33-0715601		oplied For
Zip Country		Zíp Country		5	. Certificate of Status Desired K	\$9.75	ditional
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Regist		
			Name				
PARACORP INCORPORATED 236 EAST 6TH AVENUE			Street	Street Address (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32303						
			City			FL Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of changing its	registered office	r registered :	agent, or both, in the State of Florida.		
	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible	FILE NOW	E: Registered Agent signa	.00	n reinstating)  10. Election Campaign Financin	DATE \$5.0	
_	requirement and elects to do so.	After MAY 1, 20 Make Check Payat	000 Fee will be \$ ole to Departme		Trust Fund Contribution.		d to Fees
11.	OFFICERS AND	<del></del>	12.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		TITLE NAME STREET ADDRESS	ME Hashaway, Bobby 2740 N. Dallas Pkwy, Wi			□''
CITY-ST-ZIP TITLE	DALLAS TX 75204	☐ Delete	CITY-ST-ZIP	Suite	200, Plano, TX 75	093 Change	
NAME STREET ADDRESS CITY-ST-ZIP	TWOMBLY, JANET 1950 CAMINO VIDA ROBLE CARLSBAD CA 92008	_ Venete	NAME STREET ADDRESS CITY-ST-ZIP		80000312: -02/09/00- ****158.7	8688- -010050(	5 08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete EMERLING, ROBERT S 1925 PALOMAR OAKS WAY, STE. 105 CARLSBAD CA 92008		TITLE NAME STREET ADDRESS CITY-ST-ZIP		erling, Robert S. 50 Camino Vida Boble		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Spidition
indicated of the cor	certify that the information supplied with lon this report or supplemental report is poration or the recorder of trustee emo- or on an attachment with an address.	s true and accurate and that report	my signature shall as required by Ch	ated in Section have the same apter 607, Fl	on 119.07(3)(i), Florida Statutes. I furth ne legal effect as if made under oath; i orida Statutes; and that my name app	er certify that the in that I am an officer ears in Block 11 or	nformation or director r Block 12 if

SIGNATURE: ROBERT S. ROBERT S.

Robert S. Emerling, President

888-211**-**6100

Daytime Phone #