

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90003 048 \*\*\*150.00

**DOCUMENT # F98000004105**

1. Entity Name

ELECTRONIC CLOSING SERVICES, INC.



Principal Place of Business

1980 POST OAK BLVD., STE 900  
HOUSTON TX 77056

Mailing Address

1980 POST OAK BLVD  
SUITE 900  
HOUSTON TX 77056  
US

2. Principal Place of Business

1980 Post Oak Blvd  
Suite, Apt. #, etc.  
- 300

3. Mailing Address

1980 Post Oak Blvd  
Suite, Apt. #, etc.  
- 900

City & State

Houston TX

City & State

Houston TX

Zip

77056

Country

USA

Zip

77056

Country

USA

4. FEI Number

76-0570062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BREWER, BRIAN	
STREET ADDRESS	1980 POST OAK BLVD #900	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	C	<input type="checkbox"/> Delete
NAME	O'NEILL, DONALD	
STREET ADDRESS	1980 POST OAK BLVD. # 300-300	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINSTEL, LORETTA	
STREET ADDRESS	388 FINGAL ST	
CITY-ST-ZIP	PTTSBURGH PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLISOWSKI, CYNTHIA	
STREET ADDRESS	1980 POST OAK BLVD. # 300-300	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, JAN	
STREET ADDRESS	1980 POST OAK BLVD	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHSON, JILL	
STREET ADDRESS	1980 POST OAK BLVD #900	
CITY-ST-ZIP	HOUSTON TX 77056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA KASZA	
STREET ADDRESS	1980 Post Oak # 300	
CITY-ST-ZIP	Houston TX 77056	
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		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN LUGAR	
STREET ADDRESS	1980 Post Oak Blvd # 300	
CITY-ST-ZIP	Houston TX 77056	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN BREWER	
STREET ADDRESS	1980 Post Oak Blvd # 300	
CITY-ST-ZIP	Houston TX 77056	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Sugar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #