

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90284 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000004105

1. Entity Name
ELECTRONIC CLOSING SERVICES, INC.



90066348

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

78-0570062

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 fee if applicable.

(NOTE: Registered Agent's signature required when a status.)

DATE

FILED NOW! - FEB. 15, 2003
After May 1, 2003 Fee will be \$500.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **SMITH, KERRY**
STREET ADDRESS **1980 POST OAK BLVD #900**
CITY-ST-ZIP **HOUSTON, TX 77056**

☒ Delete

TITLE **P**
NAME **BRIAN BREWER**
STREET ADDRESS **1980 POST OAK BLVD #900**
CITY-ST-ZIP **HOUSTON TX 77056**

☐ Change ☒ Addition

TITLE **C**
NAME **O'NEILL, DONALD**
STREET ADDRESS **1980 POST OAK BLVD. #900**
CITY-ST-ZIP **HOUSTON, TX 77056**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **WINSTEL, LORETTA**
STREET ADDRESS **389 FINGAL ST**
CITY-ST-ZIP **PITTSBURGH, PA**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **PLISOWSKI, CYNTHIA**
STREET ADDRESS **1980 POST OAK BLVD. #900**
CITY-ST-ZIP **HOUSTON, TX 77056**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
NAME **FISHER, JAN**
STREET ADDRESS **1980 POST OAK BLVD**
CITY-ST-ZIP **HOUSTON, TX 77056**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **AVP**
NAME **ADDINGTON, DEREK**
STREET ADDRESS **1980 POST OAK BLVD. #600**
CITY-ST-ZIP **HOUSTON, TX 77056**

☒ Delete

TITLE **S**
NAME **JILL JOSEPHSON**
STREET ADDRESS **1980 POST OAK BLVD #900**
CITY-ST-ZIP **HOUSTON TX 77056**

☐ Change ☒ Addition

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 or other like empowered.

SIGNATURE:

C L Plisowski

3/17/03 713-625-8402

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 E034 (10/02)