

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90178 033 \*\*\*150.00

**DOCUMENT # F98000005728**

1. Entity Name  
**PSP FINANCIAL SERVICES, INC.**

Principal Place of Business  
**2121 ALTON PARKWAY, STE. 250**  
**IRVINE CA 92606**

Mailing Address  
**2121 ALTON PARKWAY, STE. 250**  
**IRVINE CA 92606**

2. Principal Place of Business  
**Same as above**

3. Mailing Address  
**same as above**

Suite, Apt. #, etc. - Suite, Apt. #, etc. -

City & State - City & State -

Zip - Country - Zip - Country -

4. FEI Number **33-0816712** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

Name **N/A**  
 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.

SIGNATURE **N/A** **5-01-01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCOO**  
 NAME **SOTO, MATTHEW M D**  
 STREET ADDRESS **2121 ALTON PARKWAY, SUITE 250**  
 CITY-ST-ZIP **IRVINE CA 92606** ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SVP**  
 NAME **BOLAND, DOUGLAS E CFO**  
 STREET ADDRESS **6252 HOOKER DRIVE**  
 CITY-ST-ZIP **HUNTINGTON BEACH CA 92647** ☒ Delete

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Timothy Ewing**  
 CITY-ST-ZIP **2121 Alton Pkwy.#250**  
**Irvine, CA 92605**

TITLE **D**  
 NAME **RALSER, WILLIAM P JR**  
 STREET ADDRESS **2121 ALTON PARKWAY, SUITE 250**  
 CITY-ST-ZIP **IRVINE CA 92606** ☒ Delete

TITLE ☐ Change ☒ Addition  
 NAME **Officer**  
 STREET ADDRESS **Deirdre O'Shea**  
 CITY-ST-ZIP **2121 Alton Pkwy#250**  
**Irvine, CA 92606**

TITLE **S**  
 NAME **FLANIGAN, GRACE D**  
 STREET ADDRESS **2121 ALTON PARKWAY, SUITE 250**  
 CITY-ST-ZIP **IRVINE CA 92606** ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **RAISER, WILLIAM P JR**  
 STREET ADDRESS **17535 DUBLIN COURT**  
 CITY-ST-ZIP **GRANGER IN 46530** ☒ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **CREBS, RAYMOND L**  
 STREET ADDRESS **189 INVARARY COURT**  
 CITY-ST-ZIP **HENDERSON NV 89014** ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Matthew M. Soto**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Matthew M. Soto, Pres./COO/Director**

**949-567-0900**

Date Daytime Phone #

CR2E034 (10/00)