

2001 UNIFORM BUSINESS REPORT (UBR)

0571672

DOCUMENT # F98000006067

1. Entity Name

LOANSDIRECT, INC.

APPROVED
AND
FILED

01 JAN 12 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7755 CENTER AVE., STE. 100 HUNTINGTON BEACH CA 92647	Mailing Address 7755 CENTER AVE., STE. 100 HUNTINGTON BEACH CA 92647
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	33-0002891	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	

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.

SIGNATURE

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	CP	TITLE	
NAME	HSIEH, ANTHONY	NAME	
STREET ADDRESS	7755 CENTER AVE., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	GOEBEL, JOE	NAME	
STREET ADDRESS	7755 CENTER AVE., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LESLIE, LEE	NAME	
STREET ADDRESS	7755 CENTER AVE., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BERNABE, ROB	NAME	
STREET ADDRESS	7755 CENTER AVE., STE. 100	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92647	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	YEBISA, TOMO	NAME	
STREET ADDRESS	7755 CENTER AVE. STE 100	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BCH CA 92647	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

800-544-3279

Daytime Phone #

CR2E034 (10/00)