

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003386

1. Entity Name

INTERLOAN.COM, INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90050 046 \*\*\*150.00

Principal Place of Business

2527 CAMINO RAMON  
SUITE 200  
SAN RAMON CA 94583

Mailing Address

2527 CAMINO RAMON  
SUITE 200  
SAN RAMON CA 94583

2. Principal Place of Business

California

3. Mailing Address

2527 Camino Ramon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 200

City & State

San Ramon CA

Zip

Country

Zip

94583

Country

USA

4. FEI Number 68-0091021

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

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

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 DTS ☒ Delete  
NAME PALMER, GARY  
STREET ADDRESS 2527 CAMINO RAMON SUITE 200  
CITY-ST-ZIP SAN RAMON CA 94583

TITLE P/D ☒ Change ☐ Addition  
NAME Rick Cossano  
STREET ADDRESS 2527 Camino Ramon #200  
CITY-ST-ZIP San Ramon, CA 94583

TITLE DVP ☒ Delete  
NAME PHOENIX, PEGGI  
STREET ADDRESS 2527 CAMINO RAMON SUITE 200  
CITY-ST-ZIP WALNUT CREEK CA 94598

TITLE S/D ☒ Change ☒ Addition  
NAME Pat Mackin  
STREET ADDRESS 2527 Camino Ramon  
CITY-ST-ZIP San Ramon, CA 94583

TITLE EVP ☒ Delete  
NAME SNOW, WILLIAM R  
STREET ADDRESS 2527 CAMINO RAMON SUITE 200  
CITY-ST-ZIP SAN RAMON CA 94583

TITLE SVP ☒ Change ☒ Addition  
NAME Vera Davis  
STREET ADDRESS 2527 Camino Ramon  
CITY-ST-ZIP San Ramon, CA 94583

TITLE D ☐ Delete  
NAME VANARSDER, WILLIAM  
STREET ADDRESS 601 VAN NESS AVE SUITE 33  
CITY-ST-ZIP SAN FRANCISCO CA 94102

TITLE ☐ Change ☐ Addition

TITLE P ☐ Delete  
NAME COSSANO, RICK  
STREET ADDRESS 2527 CAMINO RAMON SUITE 200  
CITY-ST-ZIP SAN RAMON CA 94583

TITLE ☐ Change ☐ Addition

TITLE SVP ☐ Delete  
NAME QUINN, MITCHAEAL  
STREET ADDRESS 2527 CAMINO RAMON SUITE 200  
CITY-ST-ZIP SAN RAMON CA 94583

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)