

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 006 ***150.00

DOCUMENT # F99000005225

1. Entity Name
THE ANYLOAN COMPANY



Principal Place of Business
**200 COMMERCE, SUITE 100
IRVINE, CA 92602**

Mailing Address
**200 COMMERCE, SUITE 100
IRVINE, CA 92602**

11009895

2. Principal Place of Business
200 COMMERCE
Suite, Apt. #, etc.
SUITE 100

3. Mailing Address
200 COMMERCE
Suite, Apt. #, etc.
SUITE 100

☐ CHECK HERE IF MAKING CHANGES

City & State
IRVINE, CA

City & State
IRVINE, CA

4. FEI Number
33-0854965

Applied For
Not Applicable

Zip
92602

Country
U.S.A.

Zip
92602

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

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, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
COB MORRICE, BRADLEY A
18400 VON KARMAN, SUITE 1000
IRVINE, CA 92612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPCE RANK, PATRICK H
340 COMMERCE
IRVINE, CA 92602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D REDDING, KIRK L
340 COMMERCE
IRVINE, CA 92602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOT GOTSCHALL, EDWARD F
18400 VON KARMAN, SUITE 1000
IRVINE, CA 92612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S THEOLOGIDES, STERGIOS
18400 VON KARMAN, SUITE 1000
IRVINE, CA 92612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 (949) 224-5709

Date

Daytime Phone #

CR2E034 (10/02)