

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90021 044 ***150.00

DOCUMENT # F99000005578

1. Entity Name
LOANCITY.COM, INCORPORATED

Principal Place of Business
C/O LOAN CITY.COM
5671 SANTA TERESA BLVD.
SAN JOSE CA 95123

Mailing Address
C/O LOAN CITY.COM
5671 SANTA TERESA BLVD.
SAN JOSE CA 95123

2. Principal Place of Business
6640 VIA DEL ORO
Suite, Apt. #, etc.

3. Mailing Address
6640 VIA DEL ORO
Suite, Apt. #, etc.

City & State
SAN JOSE, CA

City & State
SAN JOSE, CA

Zip
95119

Country
USAS

Zip
95119

Country
USA

4. FEI Number 77-0170002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SOUKOULIS, RICHARD D	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, SUSAN L	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	PAPE, MARK E	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PHELAN-MARSH, CAROL	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARKER, CHARLES P	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	
TITLE	VCTO	<input checked="" type="checkbox"/> Delete
NAME	DYBALSKI, JAMES A	
STREET ADDRESS	5671 SANTA TERESA BLVD.	
CITY-ST-ZIP	SAN JOSE CA 95123	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. MACLENNAN	
STREET ADDRESS	ONE LIBERTY SQUARE	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DALLAS	
STREET ADDRESS	32123 LINDERO CANYON RD #204	
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91361	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD H. KASE	
STREET ADDRESS	2490 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER MORRIS	
STREET ADDRESS	2800 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID J. ROUX	
STREET ADDRESS	2800 SAND HILL RD #110	
CITY-ST-ZIP	MENLO PARK, CA 95025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mark Pape Mark Pape 3/20/01 (408) 360-1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)