

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90030 027 ***150.00

DOCUMENT # F99000005729
1. Entity Name Secured Funding Corporation ✓
dba California Secured Funding

813080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18012 Cowan Ste 100
Suite, Apt. #, etc. -100
City & State Irvine, CA
Zip 92614 Country US

3. Mailing Address 18012 Cowan
Suite, Apt. #, etc. -100
City & State Irvine, CA
Zip 92614 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0588962 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NBAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Ave.
City Jallahassee FL Zip Code 32301

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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Lorne K. Cahodny</u> <u>18012 Cowan Ste 100</u> <u>Irvine, CA 92614</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>John Z. Lynch</u> <u>18012 Cowan Ste 100</u> <u>Irvine, CA 92614</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 2002 (877) 283-4001
Date Daytime Phone #

CR2E034B (12/01)