

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

M02000003449

**DOCUMENT #** M02000003449

**1. Entity Name**

LendingLink, LLC



**FILED**  
04 JAN 30 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

345 Rouser Road

Suite, Apt. #, etc.

Building No. 5

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

Coraopolis, Pennsylvania

**City & State**

**Zip**

15108

**Country**

USA

**Zip**

**Country**

**4. FEI Number**

200001756

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**

1201 Hays Street

400027988704

**City**

Tallahassee

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Marva L. Williams*

Marva L. Williams, Assistant Vice Pres. 01/29/04

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
Sole Member  
E\*TRADE Settlement Services, Inc.  
671 North Glebe Road  
Arlington, Virginia 22203

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
Sole Manager  
Arlen W. Gelbard  
671 North Glebe Road  
Arlington, Virginia 22203

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**STREET ADDRESS**  
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**DO NOT WRITE  
IN THIS SPACE**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*Cynthia Bock*

Cynthia Bock

1/23/2004

650-331-6186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY™

MO2000003449

ACCOUNT NO. : 072100000032

REFERENCE : 416286 7215827

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$ 50.00

ORDER DATE : January 29, 2004

ORDER TIME : 2:35 PM

ORDER NO. : 416286-020

CUSTOMER NO: 7215827

CUSTOMER: Ms. Cindy Bock  
E\*trade Group, Inc.  
4500 Bohannon Drive

Menlo Park, CA 94025

FILED  
04 JAN 30 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*m*

CHANGE OF AGENT

NAME: LENDINGLINK, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

RECEIVED  
04 JAN 30 PM 4:16  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA