

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003449

FILED
Jun 02, 2008
Secretary of State

Entity Name: LENDINGLINK, LLC

Current Principal Place of Business:

345 ROUSER ROAD, BUILDING NO. 5
CORAOPOLIS, PA 15108

New Principal Place of Business:

Current Mailing Address:

ATTN: CYNTHIA BOCK
4500 BOHANNON DRIVE
MENLO PARK, CA 94025

New Mailing Address:

ATTN: SELINA IBARRA
671 NORTH GLEBE ROAD
ARLINGTON, VA 22203

FEI Number: 20-0001756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GELBARD, ARLEN W
Address: 671 N GLEBE RD
City-St-Zip: ARLINGTON, VA 22203

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CFO (X) Change () Addition
Name: AUDETTE, MATTHEW
Address: 671 N GLEBE RD
City-St-Zip: ARLINGTON, VA 22203

Title: COO () Change (X) Addition
Name: COX, HEATHER
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SELINA IBARRA (AUTH PERSON)

S

06/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date