

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

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DOCUMENT # M99000001386

1. Entity Name
FINANCE AMERICA, LLC

MAY 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16802 ASTON STREET
IRVINE CA 92606

Mailing Address
16802 ASTON STREET
IRVINE CA 92606-4832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1551833

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME CORNELL, KAREN H MGR
STREET ADDRESS 700 N. PEARL STREET, #2400
CITY- ST- ZIP DALLAS TX 75201

TITLE Vice President
NAME
STREET ADDRESS 15301 Spectrum Drive, Suite 370
CITY- ST- ZIP Addison, Texas 75001

TITLE MGR
NAME LIBMAN, BRIAN MGR
STREET ADDRESS 79 ADAMS LANE
CITY- ST- ZIP NEW CANAAN CT 06840

TITLE Chief Executive Officer
NAME
STREET ADDRESS Metro Center, 1 Station Pl., 4th Fl.
CITY- ST- ZIP Stamford, CT 06902

TITLE MGR
NAME LEVASSEUR, PETER J
STREET ADDRESS 16800 ASTON STREET
CITY- ST- ZIP IRVINE CA 92606

TITLE Chief Operating Officer
NAME Arthur K. Rice MGR
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Senior Vice President
NAME Graham Fleming MGR
STREET ADDRESS 16800 Aston St.
CITY- ST- ZIP Irvine, CA 92606

TITLE
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CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE REQUIRED

3/11/00

949-440-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #