2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001386 1. Entity Name FINANCE AMERICA, LLC							FILED OIFEB 26 AMII: 31				
Principal Plac 16802 ASTON IRVINE CA 92	STREET	S	Mailing Address 16802 ASTON STREET IRVINE CA 92606	r	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Busir	ness	3. Mailing Address 15301 Spe	otnum	Drivo	1) - 		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DLIVE	DO NOT WRITE IN THIS SPACE					
City & Stat	e /		Suite 370 City & State	City & State			4. FEI Number 06-1551833 Applied For				
Zip Country			Addison, Zip	Zip Count		5. Certi	ficate of Status Desired		5.00 Add		-
6. Name and Address of Current F			75010 Registered Agent			Fee Required 7. Name and Address of New Registered Agent					
					Name			·			7
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address	s (P.O. Box Number is Not Acceptable)					
	ON FL 333										
			•		City			FL	Zip Cod	е]
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 .	Cionatura bunari	or printed name of registered agent	t and title if applicable	I	d Agent signature require	d when reinstat	na)	DATE			
					FEE IS \$50.00	\$50.00 S00003784045E -02/27/0101148020					_
9.		MANAGING MEME	BERS/MEMBERS	10.			ADDITIONS/	CHANGES	-		╣
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, Karen H Ectrum Drive, Suite	☐ Delete	TITLE NAM STRE		-			Change	Addition	1000
TITLE , NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBMAN, BRIAN METRO CENTER, 1 STATION PL., 4TH FLOOR STAMFORD CT 06902				E E EET ADDRESS - ST- ZIP	· Change Addition					1000
TITLE NAME STREET ADDRESS	MGR RICE, ART 16802 AS	HUR K TON STREET	Detete		E ET ADDRESS		4 199	<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS	MGR FLEMING, 16800 AS	GRAHAM TON ST.	☐ Delete	TITLE	E	802 !	Aston Street	_	☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS	irving tx	92606	☐ Delete	TITLE		ving,	CA 92606	<u>/</u>	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	CITY- TITLE NAMI STRE	-ST-ZIP E ET ADDRESS			E	☐ Change	Addition	
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 #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. Karen H. Cornell Vice President SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN, OR AUTHORIZED REPRESENTATIVE Date Date Description of 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 signatures shall have 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 signatures shall have the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i) Florida Statutes. I further certify that I am a managing member or											
	SIGNATURE	AND TYPED OR PRINTED NAME (OF SIGNING MANAGING MEMBER,	MANAGER, OR	AUTHORIZED REPRESI	ENTATIVE	Date	Dayt	me Phone #		1