

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90005 046 \*\*\*\*50.00

**DOCUMENT # M99000001386**

1. Entity Name

**FINANCE AMERICA, LLC**

Principal Place of Business

**16802 ASTON STREET  
 IRVINE CA 92606**

Mailing Address

**15301 SPECTRUM DR.  
 SUITE 370  
 ADDISON TX 75010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1551833**

Applied For

Not Applicable

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

**Corporation Service Company**

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

**1201 Hays Street**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Brian Courtney  
 Asst. V. Pres.**

DATE

**2-18-02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **CORNELL, KAREN H**  
 STREET ADDRESS **15301 SPECTRUM DRIVE, SUITE 370**  
 CITY-ST-ZIP **ADDISON TX 75001**

TITLE **Manager** ☐ Change ☒ Addition  
 NAME **Vestri, Ermete, A**  
 STREET ADDRESS **16802 Aston Street**  
 CITY-ST-ZIP **Irvine, CA 92606**

TITLE **MGR** ☐ Delete  
 NAME **LIBMAN, BRIAN**  
 STREET ADDRESS **METRO CENTER, 1 STATION PL., 4TH FLOOR**  
 CITY-ST-ZIP **STAMFORD CT 06902**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
 NAME **RICE, ARTHUR K**  
 STREET ADDRESS **16802 ASTON STREET**  
 CITY-ST-ZIP **IRVINE CA 92606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
 NAME **FLEMING, GRAHAM**  
 STREET ADDRESS **16802 ASTON ST.**  
 CITY-ST-ZIP **IRVING CA 92606**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: KAREN H CORNELL**

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

2/14/02

972/960-8330

Date

Daytime Phone #

X26

CP2E083 (9/01)