

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000115272

FILED
Sep 28, 2009
Secretary of State**Entity Name:** IMPERIAL CREDIT CORPORATION**Current Principal Place of Business:**1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 65-1064876**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASTILLO, ALVARO B
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: PETRI, GUILLERMO
Address: 1390 BRICKELL AVENUE SUITE 200
City-St-Zip: MIAMI, FL 33131

Title: DV () Delete
Name: DE PETRI, MARIA R
Address: 1390 BRICKELL AVE. #200
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ASENSIO, CRISTIAN
Address: 1390 BRICKELL AVE. #200
City-St-Zip: MIAMI, FL 33131

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: OSNAT, GERI
Address: 1390 BRICKELL AVE., #200
City-St-Zip: MIAMI, FL 33131

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO PETRI

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09/28/2009

Electronic Signature of Signing Officer or Director

Date