

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P30743

1. Entity Name
FIRST COLLATERAL SERVICES, INC.



Principal Place of Business
**1855 GATEWAY BOULEVARD
SUITE 800
CONCORD, CA 94520 US**

Mailing Address
**1855 GATEWAY BOULEVARD
SUITE 800
CONCORD, CA 94520 US**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3614604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	KNAPP, BRADLEY D
STREET ADDRESS	1855 GATEWAY BLVD, SUITE 800
CITY-ST-ZIP	CONCORD, CA 94520
TITLE	VCFO
NAME	HUBBARD, PAUL
STREET ADDRESS	1855 GATEWAY BLVD., STE. 800
CITY-ST-ZIP	CONCORD, CA 94520
TITLE	V/S
NAME	BOYHER, JEFFERY L
STREET ADDRESS	1000 TECHNOLOGY DRIVE, MS 140
CITY-ST-ZIP	O'FALLON, MO 63304
TITLE	VAS
NAME	TORGERSON, LEARLA
STREET ADDRESS	1855 GATEWAY BLVD., STE. 800
CITY-ST-ZIP	CONCORD, CA 94520
TITLE	P/D
NAME	KNAPP, BRADLEY
STREET ADDRESS	1855 GATEWAY BLVD., STE. 800
CITY-ST-ZIP	CONCORD, CA 94520
TITLE	C/D
NAME	BECKMAN, WILLIAM P
STREET ADDRESS	750 WASHINGTON BLVD, 9TH FLOOR
CITY-ST-ZIP	STAMFORD, CT 06901

U00000901773
04/29/08-90083-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Learla Torgerson **Learla Torgerson VP & Ass't Sec 4/16/08**

(925) 944-4900