FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:43

DOCUMENT # P94000014812 (9)

1. Corporation Name

LOAN PROCESSING OF AMERICA, INC.

Principal Place of Business	Mailing Address
% IRELAND COMPANIES 1125 N.E. 125 ST. NORTH MIAMI FL 33161	% IRELAND COMPANIES 1125 N.E. 125 ST. NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 12000 Biscayne Blvd.	26 12000 Biscayne Blvd.
Suite, Apt. #, etc 22 Suite 810	Suite, Apt. #, etc 27 Suite 810
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / County 24 33181 / 25 DAde	Zip / County 29 33181 / 30 Dade

4. FEI Number: 65-0470332 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ISRAEL, STANLEY E
450 NORTH PARK RD.
SUITE 805
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: R. Scott Ireland
82 Street Address (P.O. Box Number is Not Acceptable): 12000 Biscayne Blvd., Suite 810
83
84 City: Miami FL 85 Zip Code: 33181-2742

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	IRELAND, R. SCOTT	1 2 NAME	
STREET ADDRESS	1125 N.E. 125 ST.	1 3 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
CITY ST ZIP	NORTH MIAMI FL 33161	1 4 CITY ST ZIP	Miami, FL 33181-2742
TITLE		2 1 TITLE	D ☐ Change ☒ Addition
NAME		2 2 NAME	Beining, Lou
STREET ADDRESS		2 3 STREET ADDRESS	12000 Biscayne Blvd., Suite 810
CITY ST ZIP		2 4 CITY ST ZIP	Miami, FL 33181-2742
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: R. Scott Ireland 4/27/95 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175574 CP