## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P97000094052 1. Entity Name THE LENDING STORE, INC. 04-17-2001 90020 019 \*\*\*150.00 Principal Place of Business Mailing Address 5200 NW 33RD AVE 1400 E. TOUHY AVENUE SUITE 109 SUITE 100 A0049632 FT. LAUDERDALE FL 33309 DES PLAINES IL 60018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0836201 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUSER, PAUL Street Address (P.O. Box Number is Not Acceptable) 5200 NW 33RD AVE SUITE 109 FT. LAUDERDALE FL 33309 Zip Code FI 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete TITLE PD ☐ Change ☐ Addition TITLE HAUSER, PAUL NAME Hauser, Paul NAME STREET ADDRESS STREET ADDRESS 5200 NW 33RD AVE, STE 109 5200 NW 33rd Ave, Ste 109 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33309 Ft. Lauderdale FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE NAME EAGER, ALLEN Eager, Allen 1400 E Touhy Ave. Ste 100 Des Plaines IL 60018 STREET ADDRESS 1400 E. TOUHY AVE. STE. 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DES PLAINES IL 60018 ☐ Addition ☐ Change ☐ Delete TITLE HERSHMAN, BARRY E NAME STREET ADDRESS STREET ADDRESS 1400 E. TOUHY AVE. STE. 100 CITY-ST-ZIP CITY-ST-ZIP DES PLAINES IL 60018 **X** ↑ Addition ☐ Delete TITLE ☐ Change TITI F Lavic NAME NAME Davis, Marshall 5200 Nw 33rd Ave., STREET ADDRESS STREET ADDRESS Ste 109 33309 CITY-ST-ZIP CITY-ST-ZIP Lauderdale FL ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Barry E Hershman, Secretary-Treasurer NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR