

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000215

Entity Name: LRES CORPORATION**Current Principal Place of Business:**765 THE CITY DRIVE SOUTH
SUITE 300
ORANGE, CA 92868**Current Mailing Address:**765 THE CITY DRIVE SOUTH
SUITE 300
ORANGE, CA 92868**FEI Number:** 95-4890906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	CDPT
Name	MASK, DONALD
Address	765 THE CITY DRIVE SOUTH, SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	D
Name	BEANE, ROGER
Address	765 THE CITY DRIVE SOUTH, SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	D
Name	AWAD, AKRAM
Address	765 THE CITY DRIVE SOUTH, SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	S
Name	WOLIK, RHONDA
Address	765 THE CITY DRIVE SOUTH, SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	CHIEF INVESTMENT OFFICER
Name	SORENSEN, ALICE
Address	765 THE CITY DRIVE SOUTH SUITE 300
City-State-Zip:	ORANGE CA 92868

Title	COO
Name	ABBAMONTO, PAUL
Address	765 THE CITY DRIVE SOUTH SUITE 300
City-State-Zip:	ORANGE CA 92868

I hereby 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 all other like empowered.

SIGNATURE: DONALD MASK

CFO

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date