


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000002675</b> 1. Entity Name <b>E*TRADE CONSUMER FINANCE CORPORATION</b>	
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FILED  
05 SEP 29 PM 4: 38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3353 MICHELSON DRIVE IRVINE, CA 92612</b>		Mailing Address <b>3353 MICHELSON DRIVE IRVINE, CA 92612</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09262005 REIN-P CR2E098 (6/04)

4. FEI Number <b>95-3737685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

**Laura R. Dunlap**  
as its agent

SIGNATURE: *Laura R. Dunlap* DATE: 9/29/05

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete GELBARD, ARLEN W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100060080711</b>
STREET ADDRESS	BALLSTON TOWER, 671 NORTH GLEBE ROAD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, VA 222032110	CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> Delete ARIENTI, EDWARD J	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BALLSTON TOWER, 671 NORTH GLEBE ROAD	STREET ADDRESS	<b>3353 MICHELSON DRIVE</b>
CITY-ST-ZIP	ARLINGTON, VA 222032110	CITY-ST-ZIP	<b>IRVINE, CA 92612</b>
TITLE	V <input type="checkbox"/> Delete HAISCH, DONALD A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3353 MICHELSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete AUDETTE, MATTHEW W	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BALLSTON TOWER, 671 NORTH GLEBE ROAD	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, VA 222032110	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete BUCHMAN, JOHN A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3353 MICHELSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete SNOW, JOHN R	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3353 MICHELSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia Bock* **Cynthia Bock** DATE: 9/27/05 (650) 331-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2005 FOR PROFIT CORPORATION  
REINSTATEMENT**

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E\*TRADE CONSUMER FINANCE CORPORATION

10. OFFICERS AND DIRECTORS (continued)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (continued)

TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Sr Vice President Gregory Gabriel 3353 Michelson Drive Irvine, CA 92612
TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Sr Vice President Mitchell Shatzen 3353 Michelson Drive Irvine, CA 92612
TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Sr Vice President Christina Zimmerman 3353 Michelson Drive Irvine, CA 92612
TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Vice President & Asst Secretary Garth Kliger 3353 Michelson Drive Irvine, CA 92612
TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Vice President Matthew Pechulis 3353 Michelson Drive Irvine, CA 92612
TITLE: NAME: ADDRESS: CITY/ST/ZIP:	Asst Secretary Cynthia Bock 4500 Bohannon Drive Menlo Park, CA 94025



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 622971 7188063
AUTHORIZATION : Patricia Light
COST LIMIT : \$ 750.00

ORDER DATE : September 28, 2005
ORDER TIME : 10:48 AM
ORDER NO. : 622971-005
CUSTOMER NO: 7188063

REINSTATEMENT

NAME: E\*TRADE CONSUMER FINANCE CORPORATION

RECEIVED
05 SEP 29 PM 12:51
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS