

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 14, 2009
Secretary of State**

DOCUMENT# F06000007710

Entity Name: CALIFORNIA RECONVEYANCE COMPANY

Current Principal Place of Business:

9200 OAKDALE AVENUE
CHATSWORTH, CA 91311 US

New Principal Place of Business:

Current Mailing Address:

4 CHASE METROTECH
FLOOR 03
BROOKLYN, NY 11245 US

New Mailing Address:

FEI Number: 95-6043060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DURDAN, SALLY
Address: 270 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

Title: T () Delete
Name: FITZGERALD, LISA
Address: 270 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

Title: S () Delete
Name: HORAN, ANTHONY
Address: 270 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

Title: V () Delete
Name: MEADE, COLLEEN
Address: 4 CHASE METROTECH
City-St-Zip: BROOKLYN, NY 11245 US

Title: D () Delete
Name: HORAN, ANTHONY
Address: 270 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLLEEN MEADE

V

07/14/2009

Electronic Signature of Signing Officer or Director

Date