

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 005 ***150.00

DOCUMENT # F94000002095

1. Entity Name

CALIFORNIA LENDING GROUP, INC.

Principal Place of Business

Mailing Address

3351 MICHELSON DR #100
 SUITE 100
 IRVINE CA 92612
 US

3351 MICHELSON DR
 #100
 IRVINE CA 92612-0697
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0407459

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **SWARTZ, LARRY A**
 STREET ADDRESS **57 CORONADO POINTE**
 CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE **Director** Change Addition
 NAME **Baier, Frank**
 STREET ADDRESS **15 Druid Hill Rd.**
 CITY-ST-ZIP **Summit, NJ**

TITLE **V** Delete
 NAME ~~**FANCAS, GEORGE**~~
 STREET ADDRESS ~~**2008 KALE SUSANA**~~
 CITY-ST-ZIP ~~**SAN JUAN CAPISTRANO, CA**~~

TITLE **COO** Change Addition
 NAME **Myers, Steve D.**
 STREET ADDRESS **16 Springbrook Rd.**
 CITY-ST-ZIP **Laguna Niguel, CA**

TITLE **CFO** Delete
 NAME **LOWE, ROBERT**
 STREET ADDRESS **1005 MILES COURT**
 CITY-ST-ZIP **ANAHEIM CA**

TITLE **Director** Change Addition
 NAME **Baker, Mark**
 STREET ADDRESS **120 State St.**
 CITY-ST-ZIP **Brooklyn, NY**

TITLE **SECR** Delete
 NAME **JOHN H QUINN JR**
 STREET ADDRESS **9900 ALTO DRIVE**
 CITY-ST-ZIP **LA MESA CA 91941**

TITLE **Director** Change Addition
 NAME **Festo, Michael**
 STREET ADDRESS **881 Orienta Ave.**
 CITY-ST-ZIP **Mamaroneck, NY**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Fishman, Alan**
 STREET ADDRESS **6 Willow Place**
 CITY-ST-ZIP **Brooklyn, NY**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Remis, Jay**
 STREET ADDRESS **118 Madison Place**
 CITY-ST-ZIP **Ridgewood, NJ**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

(949) 477-8477

Daytime Phone #

CR2E034 (9/99)