

**F9900001854**  
 FLORIDA COMPLIANCE SPECIALISTS, INC.  
 DAVE TAYLOR, PRESIDENT



1331 East Lafayette Street, Suite C  
 Tallahassee, Florida 32301  
 Voice: (904) 942-5464 Fax: (904) 942-5111

Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. E-Loan Inc.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_  
 Mail out     Will wait     Photocopy

Certified Copy

Certificate of State

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 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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Examiner's Initials	_____
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. E-Loan Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware (State or country under the law of which it is incorporated) 3. 7704660084 (FEI number, if applicable)

4. 2-19-99 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 5875 Arnold Rd. Dublin, CA 94568 (Current mailing address)

8. Mortgage Lending (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Florida Compliance Specialists, Inc.

Office Address: 1331 E. Lafayette St., Ste. F Tallahassee, Florida, 32304 (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature] (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS** (Street address only- P. O. Box **NOT** acceptable)

Chairman: (Please see attached)

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS** (Street address only- P. O. Box **NOT** acceptable)

President: (Please see attached)

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Janina Paulowski  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janina Paulowski  
(Typed or printed name and capacity of person signing application)

## E-Loan Directors

Attachment to FL Application for Foreign Corp., item 12-A.

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**Name** Robert Kagle  
**Title** Director  
**Address** 2480 Sand Hill Road  
**City** Menlo Park  
**State** CA  
**Zip** 94025-6940

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**Name** Christian Anton Larsen  
**Title** CEO  
**Address** 540 University Avenue, Suite 350  
**City** Palo Alto  
**State** CA  
**Zip** 94301-1930

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**Name** Janina Dana Pawlowski  
**Title** President  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

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**Name** Wade Randlett  
**Title** Director  
**Address** 101 University Avenue, Suite 240  
**City** Palo Alto  
**State** CA  
**Zip** 94301-1638

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**Name** Ira Matthew Ehrenpreis  
**Title** Director  
**Address** 64 Willow Place  
**City** Menlo Park  
**State** CA  
**Zip** 94025-3601

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**Name** Timothy Andrew Koogle  
**Title** Director  
**Address** 3420 Central Expressway  
**City** Santa Clara  
**State** CA  
**Zip** 95051

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## E-Loan Officers

Attachment to FL Application for Foreign Corp., item 12-B.

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**Name** Harold "Pete" Bonnikson  
**Title** Senior Vice President of Operations  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

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**Name** William Crane  
**Title** Vice President of Engineering  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

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**Name** Douglas John Galen  
**Title** Vice President of Business Development  
**Address** 540 University Avenue, Suite 350  
**City** Palo Alto  
**State** CA  
**Zip** 94301-1930

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**Name** Jan Hammond  
**Title** Vice President of Underwriting  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

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**Name** Joseph Kennedy  
**Title** Senior VP Sales & Marketing  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

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**Name** Christian Anton Larsen  
**Title** CEO  
**Address** 540 University Avenue, Suite 350  
**City** Palo Alto  
**State** CA  
**Zip** 94301-1930

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**E-Loan Officers**

Attachment to FL Application for Foreign Corp., item 12-B.

**Name** Steven M. Majerus  
**Title** Vice President of Secondary Marketing & Credit  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

**Name** Janina Dana Pawlowski  
**Title** President  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

**Name** Sharon Ruwart  
**Title** Vice President of Marketing  
**Address** 540 University Avenue, Suite 350  
**City** Palo Alto  
**State** CA  
**Zip** 94301-1930

**Name** Frank M. Siskowski  
**Title** CFO  
**Address** 5875 Arnold Road  
**City** Dublin  
**State** CA  
**Zip** 94568

**Name** Mario Rosati  
**Title** Secretary  
**Address** 650 Page Mill Road  
**City** Palo Alto  
**State** CA  
**Zip** 94301

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*State of Delaware*  
*Office of the Secretary of State* PAGE 1

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "E-LOAN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 1999.

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TALLAHASSEE, FLORIDA



Handwritten signature of Edward J. Freel in cursive script.

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9667284

DATE: 04-05-99