

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001854

FILED
Jan 07, 2009
Secretary of State

Entity Name: E-LOAN, INC.

Current Principal Place of Business:

6230 STONERIDGE MALL ROAD
PLEASANTON, CA 94588

New Principal Place of Business:

Current Mailing Address:

BANCO POPULAR NORTH AMERICA C/O E-LOAN
120 BROADWAY 15TH FLOOR
NEW YORK, NY 10271

New Mailing Address:

FEI Number: 77-0460084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: JUNQUERA, JORGE
Address: 209 MUNOZ RIVERA AVENUE
City-St-Zip: HATO REY, PR 00915

Title: PRES () Delete
Name: LEFANOWICZ, MARK E
Address: 6230 STONERIDGE MALL ROAD
City-St-Zip: PLEASANTON, CA 94588

Title: D () Delete
Name: CARRION, RICHARD
Address: 209 MUNOS RIVERA AVENUE
City-St-Zip: HATO REY, PR 00915

Title: O () Delete
Name: PARACCHINI, ALBERTO J
Address: 9600 W. BRYN MAWR AVENUE
City-St-Zip: ROSEMONT, IL 60018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: DORAN, BRIAN
Address: 120 BROADWAY 15TH FLOOR
City-St-Zip: NEW YORK, NY 10271

Title: DIR (X) Change () Addition
Name: CHAFEY, DAVID JR.
Address: 209 MUNOS RIVERA AVENUE
City-St-Zip: HATO REY, PR 00915

Title: O (X) Change () Addition
Name: MCFADDEN, CHRIS
Address: 6230 STONERIDGE MALL RD.
City-St-Zip: PLEASANTON, CA 94588

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: BRIAN DORAN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date