

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000001854

1. Entity Name
E-LOAN, INC.

Principal Place of Business 5875 ARNOLD ROAD DUBLIN CA 94568	Mailing Address 5875 ARNOLD ROAD DUBLIN CA 94568
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
77-0460084
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FLORIDA COMPLIANCE SPECIALISTS, INC.
 1331 E. LAFAYETTE ST. STE F

TALLAHASSEE FL 32301 US

7. Name and Address of New Registered Agent
 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 _____ DATE **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME KOOGLE TIMOTHY A	
STREET ADDRESS 3420 CENTRAL EXPRESSWAY	
CITY-ST-ZIP SANTA CLARA CA 95051	
TITLE D	<input type="checkbox"/> Delete
NAME EHRENPREIS IRA MATTHEW	
STREET ADDRESS 64 WILLOW PLACE	
CITY-ST-ZIP MENLO PARK CA 940253601	
TITLE D	<input type="checkbox"/> Delete
NAME RANDLETT WADE	
STREET ADDRESS 1475 FOLSOM STREET, STE. 300	
CITY-ST-ZIP SAN FRANCISCO CA 94103	
TITLE COBD	<input type="checkbox"/> Delete
NAME PAWLOWSKI JANINA DANA	
STREET ADDRESS 5875 ARNOLD ROAD	
CITY-ST-ZIP DUBLIN CA 94568	
TITLE CEO	<input type="checkbox"/> Delete
NAME LARSEN CHRISTIAN A	
STREET ADDRESS 5875 ARNOLD ROAD	
CITY-ST-ZIP DUBLIN CA 94568	
TITLE D	<input type="checkbox"/> Delete
NAME KAGLE ROBERT	
STREET ADDRESS 2480 SAND HILL ROAD	
CITY-ST-ZIP MENLO PARK CA 940256940	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CFOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS MATTHEW JCFO&SEC	
STREET ADDRESS 5875 ARNOLD ROAD	
CITY-ST-ZIP DUBLIN CA 94568	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EHRENPREIS IRA M	
STREET ADDRESS 550 UNIVERSITY AVENUE	
CITY-ST-ZIP PALO ALTO CA 94301	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANDLETT THOMAS W	
STREET ADDRESS 6400 HOLLIS STREET, SUITE 7	
CITY-ST-ZIP EMERYVILLE CA 94608	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEDY JOSEPH JPRES.D	
STREET ADDRESS 5875 ARNOLD ROAD	
CITY-ST-ZIP DUBLIN CA 94568	
TITLE CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSEN CHRISTIAN ACEOCBD	
STREET ADDRESS 5875 ARNOLD ROAD	
CITY-ST-ZIP DUBLIN CA 94568	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAGLE ROBERT C	
STREET ADDRESS 2480 SAND HILL ROAD	
CITY-ST-ZIP MENLO PARK CA 940256940	

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: JOSEPH J. KENNEDY PD **04/25/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)

**HAROLD BERT BONNIKSON, JR., SR. VICE PR.
5875 ARNOLD ROAD**

DUBLIN, CA 94568

**DANIEL OREN LEEMON, DIRECTOR
101 MONTGOMERY STREET**

SAN FRANCISCO, CA 94104