

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90026 034 ***150.00

0570608

DOCUMENT # F99000004498

1. Entity Name
LENDERLIVE NETWORK, INC.

Principal Place of Business 2420 WEST 26TH AVE STE 300-D DENVER CO 80211	Mailing Address 2420 WEST 26TH AVE STE 300-D DENVER CO 80211
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AUUU6417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 62-1796508		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GARRETT O		NAME		
STREET ADDRESS	2420 WEST 26TH AVE, STE 300-D		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80211		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GARRETT O		NAME		
STREET ADDRESS	2420 WEST 26TH AVENUE, SUITE 300-D		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80211		CITY-ST-ZIP		
TITLE	SCOO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSCLAW, RICHARD		NAME		
STREET ADDRESS	2420 WEST 26TH AVE, STE 300-D		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80211		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MEHTA, Shrikant C.	
STREET ADDRESS			STREET ADDRESS	354 Indusco Court	
CITY-ST-ZIP			CITY-ST-ZIP	Troy, MI 48083	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MEHTA, Bela	
STREET ADDRESS			STREET ADDRESS	354 Indusco Ct:	
CITY-ST-ZIP			CITY-ST-ZIP	Troy, MI 48083	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PARSONS, Roger D.	
STREET ADDRESS			STREET ADDRESS	354 Indusco Court	
CITY-ST-ZIP			CITY-ST-ZIP	Troy, MI 48083	

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: _____ **Richard R. Holsclaw** **01/08/01 (303) 226-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)