

Matthew & Brown, Secretary of State Corporations Division 148 W. River St. Providence, 8J 02904-2615 4G1.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ 2005

PROFIT CURPURATION A	MACAE RELOTE 1 313 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Giling Period: Junuary I - March 1	Filing Fee: \$50.00*
* In accordance with R.I.G.L. 7-1.2-1501(e), encb	Filing Fee: \$50.00*  corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a frem	citly fee of 325.tax

Corporale W No. 120431		CIFIC MORTGAGE C		State	Ζίρ	
1. Street Address Principal Dismest Office 50 IRON POINT CIRCLE, STE. 200		FOLSOM	CA ,	95630		
Business Phone No. 5. State of Incorporate (916) 932-1700 CALIFORNIA		CALIFORNIA				
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	esses of the offic	ers: ("X" Box Pox A	TACHMENT) [] FILL IN			
haident Name JAMES E. COFFR	INI		CHARLES IVERSON			
Sirvet viddress 50 IRON POINT C			Street Address 50 IRON POINT C		1.50	
FOLSOM	State CA	<i>zφ</i> 9 <b>5</b> 630	City FOLSOM	CA CA	zφ 95630	
Serveury Name JAMES E. COFFR			Treasurer Name MARIA DEEN			
Street Address 50 IRON POINT C			50 IRON POINT CIRCLE, STE. 200			
Chy FOLSOM	State CA	zip 95630	City FOLSOM	Staur CA	95630	
8. NAMES AND ADDI Director Name JAMES E. COFFF	resses of the dire	CTORS: ("X" BOX FOR	Director Nume	IN SPACES BEFORE USING		
Street Address			Sirret Address		တ 🚁	
50 IRON POINT C	State	<i>Σφ</i> 95630	Cuy	State	7.0	
FOLSOM CA 95630		133030	Director Name	••••••		
Street Address			Sireet Address		<u></u>	
Street Miller				State	Zip	
City	Siate	7 <b>(7</b>	City			
	 uzed <i>("X" Box for</i>	ATTACHMENT)	: 10. SHARES ISSUE   ISSUED SHARAS	D ("X" BOX FOR ATTACE	MMENT) [	
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ì			horized representative. If the			

File Date	FIL	.ED		-
Check No.	DEC 1	8 200E	3 101019	,—
Ау	OR SECRETA	RY OF STATE	USE ONLY	_

Under penalty of perjury, I declare and all including any accompanying schedules are	im that I have examined this report id statements, and that all statement
contained herevilare true and correct	16/32/00
Signature	Dain
JAMES E. COFFRINI	
Print or Type Name	
PRESIDENT	
Title	Form 630 Rev. 12/05

Rhode island Profit Corporation Annual Report for the year 2005 - Attachment of Officers

Vice President

John Gezi 50 Iron Point Circle, Suite 200 Folsom, CA 95630

Vice President

Junet Lewis
50 Iron Point Circle, Suite 200
Folsom, CA 95630

James E. Coffnini, President



Department of Administration DIVISION OF TAXATION One Capitol Hill Providence, RI 02908-5800

December 7, 2006

TO WHOM IT MAY CONCERN:

## Re SIERRA PACIFIC MORTGAGE COMPANY, INC.

It appears from our records that the above named corporation has filed all the required Business Corporation Tax Returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of this date regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of

REINSTATEMENT OF REVOKED CORPORATE CHARTER

Very truly yours,

David M. Sullivan Tax Administrator

Chief Revenue Agent

Corporations



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

Form 630 Rev. 12/03

401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_ 2004\_

Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIN		Fce: \$50.00			
1. Corporate ID No.	2. Name of Corporation				
120431		MORTGAGE COMPAN	Y, INC.	<del>,</del>	
3. Street Address Principal Business O	~		City	State	Zip
11000 Olson Dri 4 Business Phone No.	ve. Suire Zi	5. State of Incorporation	Rancho Cordova	CA	05670 6. SIC Code
800 447-3386 916 638-7700 CALIFORNIA			8888		
7. Brief Description of the Chamcter of MORTGAGE BANKING	of Business Conducted in R	bode Island			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN SPA	CES BEFORE ÚSING	G ATTACHMENTS
President Name James E. Coffr	ini		Vice President Name Charles Iverso	n	,
ST1000 Olson Dri	ve, Suite 20	)2	Sircet Address 11000 Olson Dri	ve, Suite 2	02
Rancho Cordova	State CA	95670	Rancho Cordova	State CA	95670
James E. Coffri	ni		Treasurer Name Maria Deen		
Street Address 11000 Olson Dri	ve, Suite 20	)2	Street Address 11000 Olson Dri	ve, Suite 2	02
Rancho Cordova	CA	95670	Rancho Cordova	State CA	95670
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN SP : Director Name	ACES BEFORE USI	NG ATTACHMENTS
James E. Coffri	ni		· ·		
Street Address 11000 Olson Dri	ve, Suite 20	)2	Street Address		
Rancho Cordova	CA	<sup>Zip</sup> 95670	City	State	<b>Z</b> Ip - 3 / 53
Difector Name			Director Name		2
Street Address			Street Address		== ::
City	State	Zip	Clty	State	ZIE
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACH	IMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM NO PAR VAL	UE		14,650	Common	No Par Value
This report must be s	igned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant S	ecretary. Treasurer.	Receiver or Trustee
	2 0 4 3 1	FILED	Under penalty of perjury, including any accompany	I declare and affirm the	hat I have examined this report, tements, and that all statements
		JAN 16 2004	contained herein are true	and correct.	1-12-04
File Date	<del></del> (	By Imc	Signature of Officer		1-13-04 Date
Check No. 13931	<i>d</i>	L (6848	, , , ,	frini	Nac
D			Print or Type Name of Off		
Ву:	<del></del>		_		
FOR SECRETARY OF STA	TE USE ONLY		President Title of Officer		······

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

FARM MIIST F	IF TYPFD OR	PRINTED IN BLACK)	

1. Corporate ID No.

2. Name of Corporation

120431

SIERRA PACIFIC MORTGAGE COMPANY, INC.

3. Street Address Principal Business Office

Zip

11000 Olson Drive, Suite 202

CA

95670 6. SIC Code

4. Business Phone No.

S. State of Incorporation

95670

916 638-7700

**CALIFORNIA** 

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Residential Mortgage Lender

**FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Street Address

Vice President Name

Rancho Cordova

James E. Coffrini

Street Address

Charles Iverson

11000 Olson drive, Suite 202

11000 Olson Drive, Suite 202

Rancho Cordova

James E. Coffrini

95670

Rancho Cordova

Secretary Name

Treasurer Name

Maria Deen

Street Address

Street Address 11000 Olson Drive, Suite 202

11000 Olson Drive, Suite 202 City

Rancho Cordova

95670

Rancho Cordova

95670

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

City

Director Name

James E. Coffrini

Street Address

Street Address

11000 Olson Drive, Suite 202

State

State

State

Zip

Rancho Cordova

CA.

95670

Director Name

Director Name Street Address

Street Address

City

City

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,10

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Par Value

Number of Shares

Class/Sertes

100,000 COMM NO PAR VALUE

14,650

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signaphre of Office Date

Jámes E Coffrini Print or Type Kame of Officer

President

Title of Officer **₹**\$

Form 630 12/02

1-24-03

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 \* Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation SIERRA PACIFIC MORTGAGE COMPANY, INC. 120456 "Nancho Cordag" CA 3. Street Address Principal Business Office 11000 0150n drive Ste 202 5. State of Incorporation 016/628-7 **CALIFORNIA** nave applied to lend in State of 7. Brief Description of the Character of Business Conducted in Rhode Island mortgage banker - Recentu 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) JAMES E. COFFINI Empire nucler Street Address City State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name N/A Street Address Street Address Zip City Zip City State Director Name Street Address Street Address Zip City Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESSUED SHARES NONE AUTHORIZED SHARES Class/Series Par Value Class/Series Number of Shares Number of Shares Par Value 100,000 COMM NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**€** 5



FOR SECRETARY OF STATE USE ONLY

Form 430 12/01



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

120431

PROFIT CURPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BI	LACK)		<b>)</b>		
1. Corporate ID No.	2. Name of Corpora				
120431 3. Street Address Principal Busine		CIFIC MORTGAGE COM	CIDO O	State	7in -
11000 019	on drive &	ite 202	Rancho Con		~45670
Business Phone No.		5. State of Incorporati	ort !		6. SIC Code
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			TACHMENT) FILL IN SPACE		
President Name	SSES OF THE OFFI	CERS ( A BOX FOR AT	Vice President Name	1	CILIENTS
JAMES E	.Coffrini		<del></del>	Wernon	<del>,</del>
	rest driv	<u>e</u>	2038 Es	npix nuce	lev
EL Dorado Hil	US! CA	65762	Etld Rue	State	198670
ecretary frame.  MOWIA Del			Treasurer Name		
reec Address 1246 AVDO	<del> </del>		Street Address		
Roseville	State CA	Zig	City	State	Zip
• = •		CTORS ("X" BOX FOR	ATTACHMENT) [FUCL IN SPA	ACES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
$N_{\ell}$	/A				
treet Address			Street Address		
Sity	State	Zip	City	State	- Zip
Director Name	······································		Director Name		
Street Address	/		Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	FD /*X* BOX FOR ATT	ACHMENT) ***	11. SHARES ISSUE	D (*X* BOX FOR ATTACHME	NT) =
AUTHORIZED SHARDS	20 7 200 700 700		- ISSUED SHARES NOVE		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM NO PAR	RVALUE				İ
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his report must be sig	ned in ink by eith	ner the President, Vi	ce President, Secretary, A	Assistant Secretary, Trea	surer, Receiver or Trustee
			j		
			i		
			Hoder penalty of	f perjury, I declare and affi	em that I have examined
*	12043	[ <b>*</b> ]			thedules and statements, and
	$\sim$			its contained herein are to	
File Date:					1121102
(,70	1/0		Signature of Office		Date
Check No.:	IV	<u> </u>	Trim	SE. Coffin	
a19	•		Print or Type Name	of Officer	<u> </u>
FOR SECRETARY OF STATE US	E ONLY		aven	dent owner	<u></u>
			Title e¦ Officer	(	Form 630 12:01