



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110195		2. Name of Corporation Internet Escrow Services, Inc.		
3. Street Address Principal Business Office 16275 Laguna Canyon Rd Suite 150		City Irvine	State CA	Zip 92618
4. Business Phone No.		5. State of Incorporation CALIFORNIA		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island ESCROW AGENT.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Brandon Abbey		Vice President Name None.		
Street Address 16275 Laguna Canyon Road Suite 150		Street Address		
City Irvine	State CA	Zip 92618	City	State CA
Secretary Name Brandon Abbey		Treasurer Name Helen Courtney		
Street Address 16275 Laguna Canyon Rd, Suite 150		Street Address 16275 Laguna Canyon Rd, Suite 150		
City Irvine	State CA	Zip 92618	City Irvine	State CA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Fred Morgan		Director Name Brandon Abbey		
Street Address 16275 Laguna Canyon Rd #150		Street Address 16275 Laguna Canyon Rd #150		
City Irvine	State CA	Zip 92618	City Irvine	State CA
Director Name Helen Courtney		Director Name		
Street Address 16275 Laguna Canyon Rd #150		Street Address		
City Irvine	State CA	Zip 92618	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE		Ø	1000	Common

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



110198

FILED

File Date MAR 21 2005
Check No. 6069
By: [Signature]

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.

[Signature] 1-14-05
Signature of Officer Date

Helen Courtney, Treasurer
Print or Type Name of Officer

Title of Officer



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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110198
2. Name of Corporation Internet Escrow Services, Inc.
3. Street Address Principal Business Office 11911 FREEDOM DR STE 790 RESTON VA 20190
4. Business Phone No 703-481-8627
5. State of Incorporation CALIFORNIA
6. SIC Code

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

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

President Name JOHN D. YOUNG
Vice President Name
Secretary Name DANA WATHEN
Treasurer Name
Addresses: 11911 FREEDOM DR STE 790 RESTON VA 20190; 16275 LAGUNA CANYON STE 150 IRVINE CA 92618

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

Director Name
Director Name
Director Name
Director Name
Director Name
Director Name

Table with 2 main sections: 10. SHARES AUTHORIZED and 11. SHARES ISSUED. Includes columns for Number of Shares, Class/Series, and Par Value.

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



File Date 6-1-04
Check No. 1139
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report...
Signature of Officer [Signature]
Date 27 May 04
Print or Type Name of Officer JOHN D. YOUNG
Title of Officer PRESIDENT

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **110198**
2. Name of Corporation **Internet Escrow Services, Inc.**
3. Street Address Principal Business Office
11911 FREEDOM DR. STE 790
4. Business Phone No. **703 481 8627**
5. State of Incorporation **CALIFORNIA**

City **RESTON** State **VA** Zip **20190**
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
ESCROW SERVICES OFFERED VIA INTERNET

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

President Name **JOHN D. YOUNG**
Street Address
11911 FREEDOM DRIVE
City **RESTON** State **VA** Zip **20190**
Secretary Name **VACANT**
Street Address
City State Zip

Vice President Name **PANA WATSON**
Street Address
1225 E. DYER ST.
City **SANTA ANA** State **CA** Zip
Treasurer Name **JOHN D. YOUNG**
Street Address
City State Zip

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

Director Name **JOHN D. YOUNG**
Street Address
11911 FREEDOM DR. STE 790
City **RESTON** State **VA** Zip **20190**
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 COMMON NO PAR

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



* 1 1 0 1 9 8 *

File Date: **5-23-03**
715
Check No.:
By: **OK**

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.

Signature of Officer **[Signature]** Date **31 JANUARY '03**
Print or Type Name of Officer **JOHN D. YOUNG**
Title of Officer **PRESIDENT**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110198 2. Name of Corporation INTERNET ESCROW SERVICES, INC.
3. Street Address Principal Business Office 1221 E. DYER RD, SUITE 225 City SANTA ANA State CA Zip 92705
4. Business Phone No. 714-384-4568 5. State of Incorporation CA 6. SIC Code

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

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

President Name <u>LISA A. TYLER</u>	Vice President Name
Street Address <u>1221 E. DYER RD, SUITE 225</u>	Street Address
City State Zip <u>SANTA ANA CA 92705</u>	City State Zip
Secretary Name <u>JOSEPH ROOT</u>	Treasurer Name
Street Address <u>SAME</u>	Street Address
City State Zip	City State Zip

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

Director Name <u>JOHN SNEDEGAR</u>	Director Name
Street Address <u>SAME</u>	Street Address
City State Zip	City State Zip
Director Name <u>WILLIAM FOLEY, II</u>	Director Name
Street Address <u>SAME</u>	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>C</u>	<u>NO PAR</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>1,000</u>	<u>C</u>	<u>NO PAR</u>

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

4-4-02

File Date: _____

Check No.: 595

By: [Signature]

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.

[Signature] 3/29/2002
Signature of Officer Date

LISA A. TYLER
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 01

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110198		2. Name of Corporation INTERNET ESCROW SERVICES, INC.			
3. Street Address Principal Business Office 1221 E. DYER RD STE 225		City SANTA ANA		State CA	Zip 92705
4. Business Phone No. 714-384-3427		5. State of Incorporation CA			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LISA TYLER			Vice President Name		
Street Address 1221 E. DYER STE 225			Street Address		
City SANTA ANA	State CA	Zip 92705	City	State	Zip
Secretary Name JOSEPH ROOT			Treasurer Name		
Street Address 1221 E. DYER STE 225			Street Address		
City SANTA ANA	State CA	Zip 92705	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN SNEDEGAR			Director Name		
Street Address 1221 E. DYER STE 225			Street Address		
City SANTA ANA	State CA	Zip 92705	City	State	Zip
Director Name WILLIAM P. FOLEY, II			Director Name		
Street Address 1221 E. DYER STE 225			Street Address		
City SANTA ANA	State CA	Zip 92705	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000		NO PAR	0		

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

FILED

File Date: NOV 05 2001

Check No: BYS CS 50

By: CK # 000436

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.

Lisa Tyler 10/26/01
Signature of Officer Date

LISA TYLER
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110198 2. Name of Corporation Internet Escrow Services, Inc.
3. Street Address Principal Business Office 17911 Von Karman Avenue, Suite 300 City Irvine State CA Zip 92614
4. Business Phone No. (949) 622-4326 5. State of Incorporation California 6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island

Escrow agent

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

President Name <u>Mark Attaway</u> Street Address <u>2510 Redhill Avenue</u> City <u>Santa Ana</u> State <u>CA</u> Zip <u>92705</u>	Vice President Name <u>Dale Christensen</u> Street Address <u>2510 Redhill Avenue</u> City <u>Santa Ana</u> State <u>CA</u> Zip <u>92705</u>
Secretary Name <u>M'Liss Jones Kane</u> Street Address <u>17911 Von Karman Avenue</u> City <u>Irvine</u> State <u>CA</u> Zip <u>92614</u>	Treasurer Name <u>CFO</u> Street Address <u>Dale Christensen</u> <u>2510 Redhill Avenue</u> City <u>Santa Ana</u> State <u>CA</u> Zip <u>92705</u>

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
Common	1,000	No series	No par value

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
			None

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

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.

File Date: 5/15/00
Check No.: 18003566
By: [Signature]

[Signature] March 15, 2000
Signature of Officer Date
M'Liss Jones Kane
Print or Type Name of Officer
Secretary
Title of Officer