

No. C 186199	Due no later than Feb 28, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		INCorp SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA				
	MOUNT OLYMPUS MORTGAGE COMPANY MICHAEL MINCK 2600 MICHELSON DRIVE STE 600 IRVINE CA 92612 USA		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MICHAEL TODD ARNALL	2600 MICHELSON DRIVE SUITE 600	IRVINE	CA	USA	92612	
DIRECTOR	TRACY ANN LAMPMAN	2600 MICHELSON DRIVE STE 600	IRVINE	CA	USA	92612	
DIRECTOR	CLAUDE EDEN ARNALL	2600 MICHELSON DRIVE STE 600	IRVINE	CA	USA	92612	
PRESIDENT	MICHAEL TODD ARNALL	2600 MICHELSON DRIVE STE 600	IRVINE	CA	USA	92612	
TREASURER	MICHAEL TODD ARNALL	2600 MICHELSON DRIVE STE 600	IRVINE	CA	USA	92612	
SECRETARY	MICHAEL TODD ARNALL	2600 MICHELSON DRIVE STE 600	IRVINE	CA	USA	92612	
5. Organized Under the Laws of: CA C 186199		6. Annual Report must be signed.* Signature: Tracy Lampman Name (type or print): Tracy Lampman Date: 01/06/2014 Title: Executive Vice President					
Processed 01/06/2014		* Electronically provided signatures are accepted as original signatures.					