


# 2002 UNIFORM BUSINESS REPORT (UBR)

001784 AT

DOCUMENT # **A23786**

1. Entity Name  
**COLLATERAL MORTGAGE, LTD.**

**FILED**  
**02 APR 25 PM 12:52** **LF**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210</b>	Mailing Address <b>COLLATERAL MORTGAGE, LTD./LICENSING 1900 CRESTWOOD BLVD. BIRMINGHAM AL 35210</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>63-0925217</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**DUE BY MAY 1, 2002**

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P12314 COLLAT, INC. 1900 CRESTWOOD BLVD. BIRMINGHAM AL</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**700005451507-0**  
**-05/03/02-01110-021**  
**\*\*\*\*535.00 \*\*\*\*535.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Collat, Inc. Corporate General Partner*  
**By: [Signature]** **REQUIRED** *Secretary* **4/22/02** **(205)951-4494**

CR2E003 (9/01)