

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000003424

FILED  
Oct 30, 2006  
Secretary of State

Entity Name: ONEUNITED BANK

**Current Principal Place of Business:**

133 FEDERAL STREET  
BOSTON, MA 02110

**New Principal Place of Business:**

**Current Mailing Address:**

133 FEDERAL STREET  
BOSTON, MA 02110

**New Mailing Address:**

FEI Number: 04-2764211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNES, GLORIA  
ONEUNITED BANK  
2412 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33313 US

**Name and Address of New Registered Agent:**

PETERSON, WILHELMENIA  
ONEUNITED BANK  
3275 NW 79TH STREET  
MIAMI, FL 33147 US

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: WILHELMENIA PETERSON

10/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: COHEE, KEVIN  
Address: 133 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: CFO ( ) Delete  
Name: TROTTER, JOHN  
Address: 3683 CRENSHAW BLVD  
City-St-Zip: LOS ANGELES, CA 90016

Title: EVP ( ) Delete  
Name: WILLIAMS, TERI  
Address: 133 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: CLRK ( ) Delete  
Name: COOPER, ROBERT P  
Address: 133 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: DIR (X) Delete  
Name: CARR, RICHARD D  
Address: 4 SKYLINE DRIVE  
City-St-Zip: WELLESLEY, MA 02181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PRES (X) Change ( ) Addition  
Name: WILLIAMS, TERI  
Address: 133 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PATRICK COOPER

CLRK

10/30/2006

Electronic Signature of Signing Officer or Director

Date