

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90055 028 ***150.00

DOCUMENT # F96000006362

1. Entity Name
Mortgage Lenders Network USA, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
213 Court Street

Suite, Apt. #, etc.
11th Floor

City & State
Middletown, CT

Zip
06457

Country
US

3. Mailing Address
213 Court Street

Suite, Apt. #, etc.
11th Floor

City & State
Middletown, CT

Zip
06457

Country
US

4. FEI Number
06-1467394

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Edwin F. Blanton, Esq.
825 Thomasville Road
Tallahassee, FL 32303

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 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


11. OFFICERS AND DIRECTORS

TITLE	DCPS	<input type="checkbox"/> Delete
NAME	Mitchell Heffernan	
STREET ADDRESS	95 Cove Road	
CITY-ST-ZIP	Lyme, CT 06371	
TITLE	T	<input type="checkbox"/> Delete
NAME	Randal S. Roberge	
STREET ADDRESS	27 Regency Court	
CITY-ST-ZIP	Bristol, CT 06010	
TITLE	S	<input type="checkbox"/> Delete
NAME	Lester WM Firstenberger	
STREET ADDRESS	6 Daniel Shays Road	
CITY-ST-ZIP	Hopkinton, MA 01748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Mitchell L. Heffernan** **4/11/2000** **860-344-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President + CEO

CR2E034 (9/99)