

Ameides \$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600006362
1. Entity Name
Mortgage Lenders Network USA, Inc.

FILED
00 JUN 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 213 Court Street
Suite, Apt. #, etc. 11th Floor
City & State Middletown, CT
3. Mailing Address 213 Court Street
Suite, Apt. #, etc. 11th Floor
City & State Middletown, CT

4. FEI Number 06-1467394 Applied For Not Applicable

Zip Country Zip Country
06457 Middlesex 06457 Middlesex

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

6. Name and Address of Current Registered Agent
Edwind 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)
300003327273--0
--07/19/00--01021--004
City ****51 FL ****51.25

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include Mitchell L. Heffernan, Randal S. Roberge, Lester Wm Firstenberger, James E. Pedrick.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include Steven F. Olearcek, James E. Pedrick.

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 Steven F. Olearcek, Secretary 6/8/2000 (860) 704-6235
Date Daytime Phone #

CR2E034 (9/99)