

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90033 032 ***150.00

DOCUMENT # F96000006362

1. Entity Name

MORTGAGE LENDERS NETWORK USA, INC.

Principal Place of Business

Mailing Address

213 COURT STREET
 11TH FLOOR
 MIDDLETOWN CT 06457
 US

213 COURT STREET
 11TH FLOOR
 MIDDLETOWN CT 06457
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1467394**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANTON, EDWIN F EQ
 825 THOMASVILLE RD
 TALLAHASSEE FL 32303**

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 _____

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCPS	<input type="checkbox"/> Delete
NAME	HEFFERNAN, MITCHELL L	
STREET ADDRESS	95 COVE RD	
CITY-ST-ZIP	LYME CT 06371	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERGE, RANDAL S	
STREET ADDRESS	27 REGENCY CT	
CITY-ST-ZIP	BRISTOL CT 06010	
TITLE	S	<input type="checkbox"/> Delete
NAME	OLEARCEK, STEVEN F	
STREET ADDRESS	13 DUNCANNON AVE #8	
CITY-ST-ZIP	WORCESTER MA 01604	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	PEDRICK, JAMES E	
STREET ADDRESS	7 JOSHUA LANE	
CITY-ST-ZIP	LYME CT 06371	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven F. Olearcek

3/14/01

860-344-5795

CR2E034 (10/00)