2000 UNIFORM BUSINESS REPORT (UBR)

5/2/00-90101-046-$150.00-$150.00

APPROVED AND FILED

00 JUL 18 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000006097

1. Entity Name

CH MORTGAGE COMPANY GP, INC.

Principal Place of Business	Mailing Address
4515 SETON CENTER PKWY., STE. 200 AUSTIN TX 78759	4515 SETON CENTER PKWY., STE. 200 AUSTIN TX 78759-5784

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 110	1901 Ascension Blvd. Suite, Apt. #, etc.: Suite 100
City & State	City & State: Arlington, TX
Zip / Country	Zip: 76006 / Country

4. FEI Number 74-2853238 — Applied For / Not Applicable

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
RUSHING, MARY JO 8000 GOVERNOR'S SQUARE BLVD., STE. 106 MIAMI LAKES FL 33016	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

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: C. Morales, Special Asst. Secretary — July 17, 2000

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☒ Delete NAME: FULLER, SAMUEL STREET ADDRESS: 1901 ASCENSION BLVD STE 103 CITY-ST-ZIP: ARLINGTON TX 76006	TITLE: VP, CFO & AS ☐ Change ☒ Addition NAME: Dolphy James D. STREET ADDRESS: 4515 Seton Center Pkwy., Suite 110 CITY-ST-ZIP: Austin, TX 78759
TITLE: D ☐ Delete NAME: PERISON, STEPHAN STREET ADDRESS: 1901 ASCENSION BLVD STE 100 CITY-ST-ZIP: ARLINGTON TX 76006	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: P ☐ Delete NAME: PRESENT, RANDALL C STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 200 CITY-ST-ZIP: AUSTIN TX 78759	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: Suite 110 CITY-ST-ZIP:
TITLE: VS ☒ Delete NAME: JOHNSTON, COLEEN STREET ADDRESS: 7001 N. SCOTTSDALE RD., STE. 2050 CITY-ST-ZIP: SCOTTSDALE AZ 85253	TITLE: VP & AS ☐ Change ☒ Addition NAME: Shumway, Coleen STREET ADDRESS: 9633 S. 48th Street, Suite 240 CITY-ST-ZIP: Phoenix, AZ 85044
TITLE: VAS ☐ Delete NAME: LUECHAUER, SONYA STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 200 CITY-ST-ZIP: AUSTIN TX 78759	TITLE: SVP & AS ☒ Change ☐ Addition NAME: STREET ADDRESS: Suite 110 CITY-ST-ZIP:
TITLE: D ☐ Delete NAME: DWYER, STACEY STREET ADDRESS: 1901 ASCENSION BLVD STE 100 CITY-ST-ZIP: ARLINGTON TX 76006	TITLE: S, Treasurer & D ☒ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034 (9/99)

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: Stacey H. Dwyer — Stacey H. Dwyer — April 27, 2000 — (817)856-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #