FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State F98000004150 DOCUMENT # 1. Entity Name 09-17-2002 90093 009 ***550 00 MORTGAGE MATE, INC. Mailing Address Principal Place of Business 11150 W. OLYMPIC BLVD., STE, 1160 11150 W. OLYMPIC BLVD., STE. 1160 LOS ANGELES CA 90064 LOS ANGELES CA 90064 Mailing Address 2. Principal Place of Bysiness DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 95-4482547 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEYNSON, RICHARD 1714 S.W. 22ND STREET **BOYNTON BEACH FL 33426** 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 NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change Addition ☐ Delete TITLE TITLE NAME NAME REINER, MITCHELL A STREET ADDRESS STREET ADDRESS 11150 W. OLYMPIC BLVD., STE. 1160 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90064 Addition Change TITLE ☐ Delete TITLE S NAME NAME STEREN, JAY M STREET ADDRESS STREET ADDRESS 11150 W. OLYMPIC BLVD., STE. 1160 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90064 ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DIDE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP