

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90085 011 ****50.00

DOCUMENT # M01000001399

1. Entity Name
PPM MORTGAGE, LLC



Principal Place of Business

1 HOME CAMPUS, X2401-06T
 DES MOINES IA 50328

Mailing Address

1 HOME CAMPUS, X2401-06T
 DES MOINES IA 50328

956990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Home Campus

Suite, Apt. #, etc.

MAC X2401-049

City & State
Des Moines, IA

Zip
50328

Country

USA

3. Mailing Address

1 Home Campus

Suite, Apt. #, etc.

MAC X2401-049

City & State
Des Moines, IA

Zip
50328

Country

USA

4. FEI Number

42-1520698

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM
WELLS FARGO VENTURES, LLC
1 HOME CAMPUS, X2401-06T
DES MOINES IA 50328

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

Date

515-213-7559

Daytime Phone #

CR2E083 (9/01)