2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000219

1. Entity Name

Alamo Financing LLC

Principal Place of Business	Mailing Address
C/O Lord Securities Two Wall Street New York, NY 10005	C/O Lord Securities Two Wall Street New York, NY 10005

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4. FEI Number** 41-1930028 — Applied For / Not Applicable
Zip — Country	Zip — Country	5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33024	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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME Sorensen, Peter H. STREET ADDRESS Two Wall Street CITY-ST-ZIP New York, NY 10005	☒ Delete	TITLE MGR NAME Christiansen, Dean A. STREET ADDRESS Two Wall Street CITY-ST-ZIP New York, NY 10005	☐ Change ☒ Addition
TITLE MGR NAME Fioravanti, Albert J. STREET ADDRESS Two Wall Street CITY-ST-ZIP New York, NY 10005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	900004416049---8 -06/12/01--01059---002 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: _Dwight Jenkins_ Dwight Jenkins, Vice Pres. 954-370-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #