

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 173692

1. Entity Name

METROPOLITAN MORTGAGE CO.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90258 047 ***150.00

Principal Place of Business

4700 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

4700 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business

1150 South Olive Street

3. Mailing Address

1150 South Olive Street

Suite, Apt. #, etc.

Los Angeles, CA. 90015

Suite, Apt. #, etc.

Los Angeles, CA. 90015

City & State

Los Angeles, CA 90015-2211

City & State

Los Angeles, CA. 90015-2211

4. FEI Number

59-0798758

Applied For

Not Applicable

Zip

90015-2211

Country

Los Angeles

Zip

90015-2211

Country

Los Angeles

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 **V** ☐ Delete
NAME **WEST, LARRY M**
STREET ADDRESS **4700 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **FALK, JOSEPH**
STREET ADDRESS **4700 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **MURPHY, JAMES J**
STREET ADDRESS **1150 S OLIVE ST**
CITY-ST-ZIP **LOS ANGELES CA 90015**

TITLE **PSD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BARBER, R SCOTT**
STREET ADDRESS **9399 W HIGGINS RD STE 600**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **D** ☒ Change ☐ Addition
NAME **Christopher L. Gillock**
STREET ADDRESS **9399 W. Higgins RD. Ste. 600**
CITY-ST-ZIP **Rosemont, IL 60018**

TITLE **VD** ☐ Delete
NAME **PERRELLI, ROSARIO A**
STREET ADDRESS **5595 TRILLIUM BLVD**
CITY-ST-ZIP **HOFFMAN ESTATES IL 60192**

TITLE **VDT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

James J. Murphy, President

1/29/01 (213) 742-4762

Date

Daytime Phone #

CR2E034 (10/00)