2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2002 8:00 am Secretary of State DOCUMENT # 832452 1. Entity Name 03-24-2002 90071 047 ***150.00 GE RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA Principal Place of Business Mailing Address 6601; SIX FORKS RD. 6601 SIX FORKS RD. P.O. BOX:177800* P.O. BOX 177800 RALEIGH NC 27619 RALEIGH NC 27619 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 Applied For 38-1997500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent يهاضنا كالمستبشق معا لينيسك بالمام فارستها الماني **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) STATE OF FLORIDA TALLAHASSEE FL City 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 Significant and appropriate of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is Blight to Satisfy its Intangible Tax filling requirement and electro do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change NAME NAME MANN, THOMAS H STREET ADDRESS STREET ADDRESS 6601 SIX FORKS ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC TITLE ☐ Delete Change ☐ Addition NAME WEILAND, THEODORE STREET ADDRESS STREET ADDRESS 6601 SIX FORKS RD. CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27615 Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME UPTON, JEROME STREET ADDRESS STREET ADDRESS 6601 SIX FORKS ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27615 TITLE ☐ Delete TITLE ☐ Addition Change . . NAME NAME GREEN, JEANNIE B STREET ADDRESS STREET ADDRESS 6601 SIX FORKS ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME TAGGART, JOHN C STREET ADDRESS STREET ADDRESS 6601 SIX FORKS ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27615 TITLE ☐ Delete TITLE Change Addition NAME MILLER, GERHARD A STREET ADDRESS 6601 SIX FORKS ROAD STREET ADDRESS

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

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