2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # 851240 1. Entity Name TRAVELERS HOME EQUITY, INC. 05-13-2002 90081 007 ***150.00 Principal Place of Business Mailing Address 300 ST. PAUL PLACE 300 ST. PAUL PLACE **BALTIMORE MD 21202** BSP10D BALTIMORE MD 21202 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 56-1264213 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Addition ☐ Delete TITLE Change DUVALL, J. B. III NAME NAME 300 ST. PAUL PLACE STREET ADDRESS STREET ADDRESS **BALTIMORE MD** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMOLEY, DA NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WONG, M.J. NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD TITLE □ Delete TITLE ☐ Change ☐ Addition NAME HURLEY, RÖBERT M NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD 21202** TITLE **ASAT** ☐ Delete TITLE ☐ Change Addition NAME CANEDY, K.A. NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-7IP **BALTIMORE MD** CITY-ST-7IP **VD** TITLE ☐ Delete TITLE Change Addition MURPHY, J.P. NAME NAME 300 ST PAUL PLACE

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

SIGNATURE:

BALTIMORE MD

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

K.A.CANEDY 4/29/02 410-332-3000