

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000520

1. Entity Name

PROVIDENT FUNDING ASSOCIATES, L.P.

FILED

01 MAY -4 PM 12:16

Principal Place of Business
1633 BAYSHORE HWY. SUITE 155
BURLINGAME CA 94010

Mailing Address
1235 N. DUTTON AVE.
STE. A
SANTA ROSA CA 95401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		77-0323586		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$0.00	10. Amount of Capital Contributions in FLORIDA to date.	0.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000020993	STREET ADDRESS			
NAME	PROVIDENT FUNDING GROUP, INC.				
CITY-ST-ZIP	1633 BAYSHORE HWY., SUITE 155 BURLINGAME CA 94010				
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NAME		CITY-ST-ZIP			

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06/01/01-01085-002

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Marian Bogdanyi* **MARIAN BOGDANYI** *Assistant Secretary* **ASSISTANT SECRETARY-**
COMPLIANCE MANAGER *Provident Funding Group*
Date: *4/26/01* Daytime Phone #: *800-469-9392*