2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000542

1. Entity Name

CALMCO SERVICING, L.P.

FILED
01 FEB 16 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2001

Principal Place of Business	Mailing Address
9600 GREAT HILLS TRAIL 200 EAST AUSTIN TX 78759	9600 GREAT HILLS TRAIL 200 EAST AUSTIN TX 78759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9600 Great Hills Trail	9600 Great Hills Trail
Suite, Apt. #, etc.: 200W	Suite, Apt. #, etc.: 200W
City & State: Austin, TX	City & State: Austin, TX
Zip: 78759 / Country: Travis	Zip: 78759 / Country: Travis

4. FEI Number: 74-2885883 ☐ Applied For ☐ Not Applicable

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. Capital Contributions as Shown on record. $0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	M98000000963	STREET ADDRESS	9600 Great Hills Trail, Suite 200W
NAME	CALMCO GP L.L.C.		
STREET ADDRESS	9600 GREAT HILLS TRAIL	CITY-ST-ZIP	Austin, TX 78759
CITY-ST-ZIP	AUSTIN TX 78759		
DOCUMENT #		STREET ADDRESS	600003745776--3
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CITY-ST-ZIP			

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: SIGNATURE REQUIRED 1/12/01 512-349-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)