2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F0000001167 CONGRESSIONAL MORTGAGE CORPORATION, INC. 04-30-2001 90423 042 ***150.00 Principal Place of Business Mailing Address 1210 32ND STREET NORTH 1210 32ND STREET NORTH BIRMINGHAM AL 35234 BIRMINGHAM AL 35234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 63-1237658 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 MCCULLOUGH, DAVID **4705 CENTRAL AVENUE** ST. PETERSBURG FL 33773 SUITE submits this statement for 🙌 purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or prin d name of registered agent and title (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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change NAME NAME PARKS, DEMETRUS STREET ADDRESS 1210 32ND STREET NORTH STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP **BIRMINGHAM AL 35234** TITLE Delete TITLE ☐ Change Addition NAME PARKS, ISADAH NAME STREET ADDRESS 6100 LAKE FOREST DRIVE #350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Adoltion TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Acdition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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. APRIL 25, ZOU