2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F00000001294** 02-11-2004 90204 001 ***150.00 02-11-2004 90204 002 *****8.75 UNION MORTGAGE COMPANY Mailing Address Principal Place of Business 1,6401730 8241 DOW CIRCLE W 8241 DOW CIRCLE W STRONGSVILLE, OH 44136 STRONGSVILLE, OH 44136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 34-1084436 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORTON, SAM Street Address (P.O. Box Number is Not Acceptable) 1819 MAIN ST., SUITE 610 SARASOTA, FL 34236 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. C Delete Addition TITLE ☐ Charage TITLE Courtright, Mary 8241 Dow Circle West HEGWER, MANFRED NAME NAME STREET ADDRESS 8241 DOW CIRCLE W STREET ADDRESS strongsville, of 44136 STRONGSVILLE, OH 44136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE PVC ☐ Addition Cosgrove C. William 8247 Dow Circle West NAME COSGROVE, C. WILLIAM NAME STREET ADDRESS 8241 DOW CIRCLE W STREET ADDRESS STRONGSVILLE, OH 44136 CITY-ST-ZIP Strongsville OH 44136 CITY-ST-ZIP TD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KRYCH, KELLIE NAME 8241 DOW CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STRONGSVILLE, OH 44136 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition CAMMERATA, JOELLE NAME NAME 8241 DOW CIRCLE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE, OH 44136 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7)P CITY-ST-7IP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for 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 director or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if humans with an addless, with all other like empowered. 12. I hereby certify the indicated on this for of the corporation or the rec changed, or o SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Daytime Phone

FILED Feb 11, 2004 8:00 am