

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 043 \*\*\*150.00

DOCUMENT # F00000002220  
1. Entity Name  
*First Hallmark Mortgage Corporation*

**DO NOT WRITE IN THIS SPACE**

**042858**

2. Principal Place of Business  
*360 E. Main Street*  
Suite, Apt. #, etc.

3. Mailing Address  
*360 E. Main Street*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Somerville NJ*

City & State  
*Somerville, NJ*

Zip  
*08876* Country  
*Somerset*

Zip  
*08876* Country  
*Somerset*

4. FEI Number  
*22-3682843*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Florida-Compliance-Specialists, Inc.*

Street Address (P.O. Box Number is Not Acceptable)  
*2331 Hansen Place*

City  
*Tallahassee* FL Zip Code  
*32301*

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]* *Dave Taylor, President* DATE *4/8/02*

Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <i>President</i>	NAME <i>Brian T. Wiertel</i>	STREET ADDRESS <i>102 Second Street</i>	CITY-ST-ZIP <i>RITAN, NJ 08869</i>
TITLE <i>RARITAN,</i>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *BRIAN T. WIERTEL, PRES.* DATE *4/15/02* DAYTIME PHONE *908-203-8680*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPD02048 1/01/01