2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # F0000004704 1. Entity Name EASYQUAL HOMES, INC. 05-03-2001 91134 012 ***150.00 Principal Place of Business Mailing Address 6795 E. TENNESSEE AVE., SUITE 500 6795 E. TENNESSEE AVE., SUITE 500 DENVER CO 80224 DENVER CO 80224 PAULOIDA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 84-1374481 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E. PARK AVENUE** TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change ☐ Addition TITLE TITLE SAUNDERS, JAMES NAME NAME 6795 E. TENNESSEE AVE., SUITE 500 STREET ADDRESS STREET ADDRESS DENVER CO 80224 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAX, SCOTT NAME NAME STREET ADDRESS 6795 E. TENNESSEE AVE., SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80224 TITLE ☐ Addition ☐ Change TITLE ☐ Delete CONNOLLY, MATTHEW NAME NAME STREET ADDRESS 6795 E. TENNESSEE AVE., SUITE 500 STREET ADDRESS DENVER CO 80224 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

I hereby certify that the 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 indicated on this report or supplied mental report is true and hat 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.

313-322-6.999

FILED

Daytime Phone #