

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90011 049 ***550.00

0106873 AT

DOCUMENT # F00000007003

1. Entity Name

FIDELITY & TRUST MORTGAGE, INC.

Principal Place of Business

**6000 EXECUTIVE BLVD
 SUITE 900
 ROCKVILLE MD 20852**

Mailing Address

**6000 EXECUTIVE BLVD
 SUITE 900
 ROCKVILLE MD 20852**

2. Principal Place of Business

**7000 WISCONSIN AVE
 Suite, Apt. #, etc.**

3. Mailing Address

**7000 WISCONSIN AVE
 Suite, Apt. #, etc.**

City & State

CHEVY CHASE MD

City & State

CHEVY CHASE, MD

4. FEI Number

52-228508

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **C** ☐ Delete
 NAME **TYSON, ROBERT N**
 STREET ADDRESS **6000 EXECUTIVE BLVD SUITE 202**
 CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE **DP** ☐ Delete
 NAME **FIALLO, ROBERT R**
 STREET ADDRESS **6000 EXECUTIVE BLVD SUITE 202**
 CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE **DVST** ☒ Delete
 NAME **RASCOE, DAVID L**
 STREET ADDRESS **6000 EXECUTIVE BLVD SUITE 202**
 CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7000 WISCONSIN AVE**
 CITY-ST-ZIP **CHEVY CHASE, MD 20815**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7000 WISCONSIN AVE**
 CITY-ST-ZIP **CHEVY CHASE, MD 20815**

TITLE **DST** ☐ Change ☒ Addition
 NAME **DAVID J. CONWAY**
 STREET ADDRESS **7000 WISCONSIN AVE**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **CHEVY CHASE, MD 20815**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CONWAY 7/16/2001 201-907-8030
 CF2 Date Daytime Phone #

CR2E034 (5/01)