

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91587 044 ***558.75

DOCUMENT # F01000000237

1. Entity Name
FLEET MORTGAGE INSURANCE AGENCY CORP.

Principal Place of Business 1 FOUNTAIN SQUARE PASCOAG RI 02859	Mailing Address 2210 ENTERPRISE DR., MAIL STOP SC/FL/2575 FLORENCE SC 29501
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2. Principal Place of Business 17861 Von Karman Ave.	3. Mailing Address 1201 3rd Ave., WMT1706
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Irvine, CA	City & State Seattle, WA 98101	4. FEI Number 05-0505511	Applied For <input type="checkbox"/> Not Applicable
Zip 92614	Country USA	Zip 98101	Country USA

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
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: *Linda D. O'Brien* **REQUIRED** Linda D. O'Brien/Assistant Secretary 5/23/02

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)

Attachment

F01000000237

Registered Name: Fleet Mortgage Insurance Agency Corp.
Document #: F01000000237

116756

Attachment to Florida
2002 Uniform Business Report

OFFICER:

Assistant Secretary

Linda D. O'Brien
1201 3rd Ave., WMT1706
Seattle, WA 98101

DIRECTOR:

William A. Longbrake
1201 3rd Ave., WMT1601
Seattle, WA 98101