

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

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90059 003 ***150.00

DOCUMENT # F01000001945

1. Entity Name

GRANITE Mortgage Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

471 B Leverington Ave

Suite, Apt. #, etc.

3. Mailing Address

471 B Leverington Ave

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

Philadelphia, PA

Zip

19128

Country

USA

Zip

19128

Country

USA

4. FEI Number

23-2998583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERTO TORRES

Street Address (P.O. Box Number is Not Acceptable)

3901 Alhambra Circle

City

Coral Gables,

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S
John E. Ranieri
624 Renz ST
Philadelphia, PA 19128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO/T
FRANK L. DiMichele
172 Percy CT
EAST Norriton, PA 19401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

(215) 508-4660

Date

Daytime Phone #

CR2E034B (12/01)