2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 27, 2006
Secretary of State

DOCUMENT# F01000005365

Entity Name: FINANCIAL STRATEGIES MORTGAGE, INC.

Current Principal Place of Business:

3500 DEPAUW BLVD., SUITE 3070
INDIANAPOLIS, IN 46268

New Principal Place of Business:

695 PRO-MED LANE
CARMEL, IN 46032

Current Mailing Address:

3500 DEPAUW BLVD., SUITE 3070
INDIANAPOLIS, IN 46268

New Mailing Address:

695 PRO-MED LANE
CARMEL, IN 46032

FEI Number: 35-2055247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: ALAN B GRIFFIN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WILSON, AARON M
Address: 3500 DEPAUW BLVD., SUITE 3070
City-St-Zip: INDIANAPOLIS, IN 46268

Title: EVP ( ) Delete
Name: GRIFFIN, ALAN B
Address: 3500 DEPAUW BLVD., SUITE 3070
City-St-Zip: INDIANAPOLIS, IN 46268

Title: VP ( ) Delete
Name: HOLDER, RIC
Address: 3500 DEPAUW BLVD., SUITE 3070
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: WILSON, AARON M
Address: 695 PRO-MED LANE
City-St-Zip: CARMEL, IN 46032

Title: EVP (X) Change ( ) Addition
Name: GRIFFIN, ALAN B
Address: 695 PRO-MED LANE
City-St-Zip: CARMEL, IN 46032

Title: VP (X) Change ( ) Addition
Name: HOLDER, RIC
Address: 695 PRO-MED LANE
City-St-Zip: CARMEL, IN 46032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN B GRIFFIN EVP 06/27/2006

Electronic Signature of Signing Officer or Director — Date