

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90061 010 ***150.00

03/28/03 AR

DOCUMENT # F02000002186



1. Entity Name
1ST LIBERTY MORTGAGE COMPANY

Principal Place of Business
**77 GREEN BAY ROAD
WINNETKA IL 60093-1716**

Mailing Address
**152 NORTH CREST BLVD., SUITE B
MACON GA 31210-4129**

2. Principal Place of Business
48 Scotland Hill Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chestnut Ridge, NY

City & State

4. FEI Number **30-0005479**

Applied For
Not Applicable

Zip **10977** Country **Rockland**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
NAME **WARREN, WILLIAM D**
STREET ADDRESS **152 NORTH CREST BLVD., SUITE B**
CITY-ST-ZIP **MACON GA 31210-4129**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **EZRA S. BEHMAN**
STREET ADDRESS **48 SCOTLAND HILL ROAD**
CITY-ST-ZIP **CHESTNUT HILL, NY 10977**

TITLE **D** ☒ Delete
NAME **MISHOULAM, HYMAN M**
STREET ADDRESS **77 GREEN BAY ROAD**
CITY-ST-ZIP **WINNETKA IL 60093-1716**

TITLE **COMPLIANCE OFFICER** ☒ Change ☐ Addition
NAME **WILLIAM D. WARREN**
STREET ADDRESS **152 NORTH CREST BLVD, SUITE B**
CITY-ST-ZIP **MACON, GA 31210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM D. WARREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (478) 475-5700

Date

Daytime Phone #

CR2E034 (10/02)