
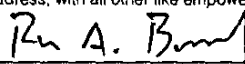


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90242 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90123516

DOCUMENT # F02000002864					
1. Entity Name PRIMACY CLOSING CORPORATION					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 6077 PRIMACY PARKWAY Suite, Apt. #, etc. SUITE 300 City & State MEMPHIS Zip TN			3. Mailing Address 6077 PRIMACY PARKWAY Suite, Apt. #, etc. SUITE 300 City & State MEMPHIS Zip TN		
			4. FEI Number 030415742 <input type="checkbox"/> Applied For Not Applicable		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name NRAI Services, Inc.	
				Street Address (P.O. Box Number is Not Acceptable)	
				526 E. Park Avenue	
				City Tallahassee FL Zip Code 32301	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D SPINOLO, C MATTHEW 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOSWELL, ROSS A 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RATTON, ROBERT W JR 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SAUNDERS, GILBERT O 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WAAGE, FELICIA 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, JAMES T 6077 PRIMACY PKWY, SUITE 300 MEMPHIS, TN 38119		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Ross A. Boswell		4/29/03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

CR2E034B (12/02)