2003 FOR PROFIT CORPORATION

## (Uniform business report (UBR F02000005030 DOCUMENT # FILED 1. Entity Name BAY HUNDRED MORTGAGE CORP. 03 OCT 16 AM 8: 37 8-28/63E19007157014 400 00 9-18-03 900290866 150 00 Principal Place of Business Mailing Address 10811 RED RUN BLVD., STE, 200 10811 RED RUN BLVD., STE. 200 OWINGS MILLS MD 21117 OWINGS MILLS MD 21117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 52-2301421 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 City 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) FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CDP ☐ Change ☐ Addition TITLE THE ☐ Delete SACHS, STEWART D NAME NAME 10811 RED RUN BLVD., STE. 200 STREET ADDRESS STREET ADDRESS OWINGS MILLS MD 21117 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ☐ Change THLE S WOLF, CAROL NAME NAME Sachs, Jamie 10811 RED RUN BLVD., STE. 200 STREET ADDRESS STREET ADDRESS 10811 Red Run Blvd,. Ste 200 CITY-ST-ZIP **OWINGS MILLS MD 21117** CITY-ST-ZIP Owings Mills, MD 21117 Change ☐ Addition ☐ Delete TITLE THLE NAME MAG STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TILLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of disterior with the component of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior that I am an officer or director of the corporation or the receiver of disterior than I am an officer or director of the corporation of the corporation or the receiver of disterior than I am an officer or director of the corporation of the corpo 12. I hereby certify that the information supp

October 15, 2003

Jamie E. Sachs

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



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October 15, 2003

Florida Department of State Annual Reports Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: F02000005030

To Whom It May Concern:

Please find enclosed the signed Annual Report/Uniform Business Report form. Apparently, this was an oversight prior to mailing the report to you. Payment was made on 8/27/03 for \$ 400.00 and 9/12/03 for \$ 150.00 for our filing fee.

I do apologize for any inconvenience this may have caused. Please contact me at 443-394-3524 if further information is needed.

Thank you in advance.

Sincerely,

Jo A. Stewart Administrative Assistant Bay Capital Corp.

Enclsoure

10811 Red Run Blvd. Suite 200 P.O. Box 793 Owings Mills, MD 21117

www.baycapitalcorp.com

(443) 394-2002 Phone (443) 394-3566 Fax