

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000005048

1. Entity Name
STRUCTURED FINANCE REALTY, INC.



FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 046 ***550.00

Principal Place of Business
114 W. PARRIS ST., 5TH FLOOR
DURHAM NC

Mailing Address
P.O. BOX 51428
DURHAM NC 27717

2. Principal Place of Business

114 W. Parrish Street

Suite, Apt. #, etc.

5th Floor

City & State

Durham, North Carolina

Zip

27701

Country

US

3. Mailing Address

P.O. Box 51428

Suite, Apt. #, etc.

City & State

Durham, NC

Zip

27717

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 56-2252463

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, WAYNE R
8733 BECKINGHAM PL.
ORLANDO FL 32836-5752

7. Name and Address of New Registered Agent

Name Alexander C. Mackinnon
Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Ave.
Suite 800
City Orlando FL Zip Code 32801

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)

Alexander C. Mackinnon

7/15/2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, GUSTAVUS 113 LONG SHADOW PLACE DURHAM NC 27713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLT, ALEICIA C 113 LONG SHADOW PLACE DURHAM NC 27713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, LORIE DONNA 600 AUDUBON LAKE DR., BLDG. 8 UNIT C22 DURHAM NC 27713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03

Date

919-287-3011

Daytime Phone #

CR2E034 (10/02)