2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# F02000005692

Entity Name: RESIDENTIAL COMMUNITY MORTGAGE COMPANY

Current Principal Place of Business:

1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207

New Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

Current Mailing Address:

1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207

New Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN:LEGAL DEPT.
JACKSONVILLE, FL 32202

FEI Number: 04-3726145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAINE, LAWRENCE
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

PAINE, LAWRENCE
245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

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: _____ 04/24/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOTTA, JAMES D
Address: 7900 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: DVST ( ) Delete
Name: LASSMAN, MARK D
Address: 7900 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: V ( ) Delete
Name: PASKOW, ROY
Address: 7900 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK LASSMAN DVST 04/24/2003
Electronic Signature of Signing Officer or Director — Date