2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# F02000006341

Entity Name: UNITED CAPITAL MORTGAGE LENDING CO.

Current Principal Place of Business:

186 AIRPORT PLAZA DR STE.A
ALCOA, TN 37701

New Principal Place of Business:

2035 LAKESIDE CENTRE WAY
SUITE 140
KNOXVILLE, TN 37922

Current Mailing Address:

186 AIRPORT PLAZA DR STE.A
ALCOA, TN 37701

New Mailing Address:

2035 LAKESIDE CENTRE WAY
SUITE 140
KNOXVILLE, TN 37922

FEI Number: 62-1738985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMSON, TIM
1601 SOUTH OCEAN DR #208
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMSON, JACK
Address: 9006 FURRELL PARK LN
City-St-Zip: KNOXVILLE, TN 37920

Title: S ( ) Delete
Name: NCGEE, ROGER =
Address: 1156 CHULA VISTA DR
City-St-Zip: FRIENDSVILLE, TN 37737

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMSON, JACK
Address: 9006 FARRELL PARK LN
City-St-Zip: KNOXVILLE, TN 37922

Title: S (X) Change ( ) Addition
Name: MCGEE, ROGER
Address: 1156 CHULA VISTA DR
City-St-Zip: FRIENDSVILLE, TN 37737

Title: VP ( ) Change (X) Addition
Name: BRADLEY, WILLIAM J
Address: 16460 W. ELLSWORTH AVE
City-St-Zip: GOLDEN, CO 80401

Title: D ( ) Change (X) Addition
Name: CAMBI, JOSEPH
Address: 290 SHAKER ROAD
City-St-Zip: LONGMEADOW, MA 01106

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: JACK WILLIAMSON P 04/20/2005

Electronic Signature of Signing Officer or Director — Date