## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000745

Entity Name: UNITED SOUTHEAST HOME LOAN CO.

FILED May 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2070 SAN RAMON VALLEY BOULEVARD SAN RAMON, CA 94583

Current Mailing Address: New Mailing Address:

1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33432

FEI Number: 94-2256167 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLISON, DONALD M ESQUIRE GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON, FL 33432 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCS ( ) Delete Title: DP (X) Change ( ) Addition

Name: KENNEY, MICHAEL B Name: KENNEY, MICHAEL B

Address: 2070 SAN RAMON VALLEY BOULEVARD Address: 2070 SAN RAMON VALLEY BOULEVARD

City-St-Zip: SAN RAMON, CA 94583 City-St-Zip: SAN RAMON, CA 94583

Title: DVP ( ) Delete Title: DVPS (X) Change ( ) Addition

 Name:
 ALLISON, DONALD M
 Name:
 ALLISON, DONALD M

 Address:
 1515 S FEDERAL HWY 306
 Address:
 1515 S FEDERAL HWY 306

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:
 BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL B. KENNEY PD 05/12/2008