

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000745

FILED
Apr 21, 2009
Secretary of State

Entity Name: UNITED SOUTHEAST HOME LOAN CO.

Current Principal Place of Business:

2070 SAN RAMON VALLEY BOULEVARD
SAN RAMON, CA 94583

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

7601A NORTH FEDERAL HIGHWAY
SUITE 165
BOCA RATON, FL 33487

FEI Number: 94-2256167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALLISON, DONALD M ESQUIRE
GILLESPIE & ALLISON, P.A.
7601A NORTH FEDERAL HIGHWAY, SUITE 165
BOCA RATON, FL 33487 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: DONALD M. ALLISON

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KENNEY, MICHAEL B
Address: 2070 SAN RAMON VALLEY BOULEVARD
City-St-Zip: SAN RAMON, CA 94583

Title: DVPS () Delete
Name: ALLISON, DONALD M
Address: 1515 S FEDERAL HWY 306
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPS (X) Change () Addition
Name: ALLISON, DONALD M
Address: 7601A NORTH FEDERAL HIGHWAY, SUITE 165
City-St-Zip: BOCA RATON, FL 33487

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: DONALD M. ALLISON

DVPS

04/21/2009

Electronic Signature of Signing Officer or Director

Date