2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003439

Address:

City-St-Zip:

1014 HART RD

BALTIMORE, MD 21086

Entity Name: EQUITABLE TRUST MORTGAGE CORPORATION

FILED Oct 19, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal F	New Principal Place of Business:	
5022 CAMPBELL BLVD.				5024 CAMPBELL BLVD.	
SUITE D NOTTINGHAM, MD 21236			SUITE G	SUITE G NOTTINGHAM, MD 21236	
,			,		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
5022 CAMPBELL BLVD				5024 CAMPBELL BLVD	
SUITE D NOTTINGHAM, MD 21236				SUITE G NOTTINGHAM, MD 21236	
	: 52-2225567	FEI Number Applied For()	FEI Number Not Applicable		
Name and Address of Current Registered Agent:			Name and Addr	Name and Address of New Registered Agent:	
CAPEZIO, WILLIAM J 130 CAMILLE CT OLDSMAR, FL 34677 US			17888 67TH COL	IN CORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: DAVID J. JACKSON				10/19/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
		03(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES (SAPP, RICHAF 3014 SUFFOL FALLSTON, MI	K LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (CAREY, DAVID 11793 FREDE ELLICOTT CIT	RICK RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (LUCAS, WILLI) Delete AM S	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM S LUCAS VP 10/19/2009