

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004637

FILED
Oct 10, 2005
Secretary of State

Entity Name: TRIPLE CROWN MORTGAGE, INC.

Current Principal Place of Business:

1021 MAJESTIC DRIVE, #210
LEXINGTON, KY 40523

New Principal Place of Business:

1021 MAJESTIC DRIVE, #210
LEXINGTON, KY 40513 US

Current Mailing Address:

1021 MAJESTIC DRIVE, #210
LEXINGTON, KY 40523

New Mailing Address:

1021 MAJESTIC DRIVE, #210
LEXINGTON, KY 40513 US

FEI Number: 61-1335237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
100 VILLAGE SQUARE CROSSING #103
PALM BEACH GARDENS, FL 334104531 US

Name and Address of New Registered Agent:

FORM-A-CORP, INC.
100 VILLAGE SQUARE CROSSING #103
PALM BEACH GARDENS, FL 334104531 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: BY: KEVIN RUBEL (VP)

10/10/2005

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:

Title: CP () Delete
Name: DONALDSON, BEN M II
Address: 1021 MAJESTIC DRIVE, #210
City-St-Zip: LEXINGTON, KY 40513

Title: DST () Delete
Name: DONALDSON, BEN
Address: 1021 MAJESTIC DRIVE, #210
City-St-Zip: LEXINGTON, KY 40513

Title: DV (X) Delete
Name: ANDERSON, JOEL L
Address: 1021 MAJESTIC DRIVE, #210
City-St-Zip: LEXINGTON, KY 40513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: DONALDSON, BEN M SR.
Address: 1021 MAJESTIC DRIVE, #210
City-St-Zip: LEXINGTON, KY 40513 US

Title: S (X) Change () Addition
Name: DONALDSON, BEN
Address: 1021 MAJESTIC DRIVE, #210
City-St-Zip: LEXINGTON, KY 40513 US

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: BEN M. DONALDSON, SR.

P

10/10/2005

Electronic Signature of Signing Officer or Director

Date