2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 08:00 AM DOCUMENT # F04000003613 **Secretary of State** 1. Entity Name NATIONS HOME FUNDING, INC. Principal Place of Business Mailing Address 1925 ISAAC NEWTON SQUARE, SUITE 100 1925 ISAAC NEWTON SQUARE, SUITE 100 RESTON, VA 20190 RESTON, VA 20190 No Chg-P 01112005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1714606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. DO NOT WRITE 1333 N. DUVAL STREET TALLAHASSEE, FL 32303 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS CP TITLE UMMGA11548 81/18/85-88002-00**7 150.0**0 HARDWICK, LAWSON H III NAME STREET ADDRESS 761 OLD HICKORY BLVD., SUITE 400 CITY-ST-ZIP BRENTWOOD, TN 37027 VCS TITLE NAME MCQUAIG, JAMES M 1925 ISAAC NEWTON SQUARE, SUITE 100 STREET ADDRESS CITY-ST-ZIP RESTON, VA 20190 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify 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 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND MYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M McQuaig VicePresident

1/11/2005

703-481-2291x115

Daytime Phone #

FILED

е