2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# F08000001547

Entity Name: CANDOR MORTGAGE CORPORATION

Current Principal Place of Business:

8167 MAIN STREET, SUITE 205
ELLICOTT CITY, MD 21043

New Principal Place of Business:

8W. WEST ST
BALTIMORE, MD 21230

Current Mailing Address:

8167 MAIN STREET, SUITE 205
ELLICOTT CITY, MD 21043

New Mailing Address:

8 W WEST ST
BALTIMORE, MD 21230

FEI Number: 26-1765190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: CP ( ) Delete
Name: MOSKEY, THOMAS IV
Address: 8167 MAIN STREET, SUITE 205
City-St-Zip: ELLICOTT CITY, MD 21043

Title: D ( ) Delete
Name: MARKLEY, IAN
Address: 8167 MAIN STREET, SUITE 205
City-St-Zip: ELLICOTT CITY, MD 21043

Title: S ( ) Delete
Name: METTER, JASON
Address: 8167 MAIN STREET, SUITE 205
City-St-Zip: ELLICOTT CITY, MD 21043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: MOSKEY, THOMAS IV
Address: 8 W. WEST ST
City-St-Zip: BALTIMORE, MD 21230

Title: D (X) Change ( ) Addition
Name: MARKLEY, IAN
Address: 8 W. WEST ST
City-St-Zip: BALTIMORE, MD 21230

Title: S (X) Change ( ) Addition
Name: METTER, JASON
Address: 8 W. WEST ST
City-St-Zip: BALTIMORE, MD 21230

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: THOMAS A. MOSKEY IV CP 08/18/2009

Electronic Signature of Signing Officer or Director — Date