## F15000001319

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•	
SUBJECT: Reverse Mortgages	.com, Inc.	
Nan	ne of Corporation	
<b>DOCUMENT NUMBER:</b> F15000001319		
The enclosed Affidavit by Foreign Corporation submitted for filing.	to Change/Add Officer(s) and/or Director(s) and fee a	
Please return all correspondence concerning this	matter to the following:	
John Schulte		
Name of Contact Person	<del></del>	
Reverse Mortgages.com		
Firm/Company	<del></del>	
3401 W Broadway Business Park Ct,	Ste. 109	
Address		
Columbia, MO 65203		
City/State and Zip Code	<del></del>	
licensing@reversemortgag	ges.com	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, p	olease call:	
Justin Barrett	,888 705-0723	
Name of Contact Person at (	Area Code & Daytime Telephone Number	
	. 202 00 00 2 2 3 mile 1 01 priorite 1 mile 1	
Enclosed is a check made payable to the Florida	Department of State for the following amount:	
\$35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		

Tallahassee, FL 32301





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable onl	y during the first calendar year of qualification)
The name of the foreign corporation     Reverse Mortgages.com, I	n as it appears on the records of the Florida Department of State is:
number is F15000001319	ct business in Florida on 3/26/2015 and its Florida document
3. This corporation was formed under	the laws of Missouri
4. The name and address of each offic	
<u>Title:</u> Finance Manager	Name and Address Rachael Schulte
	3401 W Broadway Business Park Ct, Ste 109
	Columbia, MO 65203
Operations Manager	Anne Doisy
	3401 W Broadway Business Park Ct, Ste 109
	Columbia, MO 65203
Compliance Manager	Justin Barrett
	3401 W Broadway Business Park Ct, Ste 109
	Columbia, MO 65203
P.VP.T.S	John Schulte
(Attach	additional pages if necessary)
M	President
gnature of an officer or director	Title of person signing
Sohn Schulte ed or printed name of person signing	FILING FEE \$35
and or harmed the barrens albuming	Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)