Principal Place of Business Mailing Address 130:0LD CHAIN BRIDGE RD. 310:0LD CHAIN BRIDGE RD. 31	2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9200000482 ABBOT MORTGAGE SERVICE, INC.							FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91479 013 ***150.00				
1320 OLD CHAIN BRIDGE RD. SUITE 300 ⁺ 1320 OLD CHAIN BRIDGE RD. SUITE 300 ⁺ 1320 OLD CHAIN BRIDGE RD. SUITE 300 ⁺ 2. Principal Place of Business 3. Mailing Address	120011							03-01-2002	J147J 01.	5 150	7.00	
US 2. Principal Pilece of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Coun	1320 OLD CHAIN BRIDGE RD. 1320 OLD CHAIN BRIDG SUITE 320 SUITE 320											
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied PC Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Zip Suite, Apt. #, etc. Applied PC Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applied PC Suite, Apt. #, etc. Country Zip Country Suite, Apt. #, etc. Suite, A									U CI N H I U			
City & State Country Status Desired Status Desi	2. Principal P	lace of Business		3. Mailing Address		· · ·	7	I HANNARD (IND KUND IND KANADA) DI	HI HI H H IỆ H	III IIIII JIKO		
Zip Country Zip Country Status Desired	Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRI	TE IN THIS SI	PACE		
Zip Country Zip Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHONEY, JOSEPH J II Name Name Name and Address of New Registered Agent MAHONEY, JOSEPH J II Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) g01204 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3. 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. Street Address (P.O. Box Number is Not Acceptable) Date Signature typed or prime name or registered agent and life if applaced Agent synature registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) Date Signature typed or prime name or registered agent and life if applaced Agent synature registered agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) Date Signature typed or prime name or registered agent and elects to do so. (NOTE Registered Agent synature register agent, or both, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) Signature typed or prime name or registered agent and elects to do so. File NOW !!! FELE NOW !!! Street States 10. Election Campaign Finanching Trust Fund Contributi	City & State	e	·	City & State			4.					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHONEY, JOSEPH J III Name MAHONEY, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) @1204 City JENSEN BEACH FL 34957 City B. 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. typed or primed name of registered agent and the if applicable (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Signature. typed or primed name of registered agent and the if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May 1 Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State Change Add NAME MAHONEY, JOSEPH J III 9900 SOUTH OCEAN DR., #1204 ITLE NAME Itle Change Add MAE SIMESON, RONALD W. SIMEST ADDRESS Itle Change Add MAE SIMPSON, RONALD W. SIMEST ADDRESS Itle Change Add MAE MAE SIMESON, RONALD W. SIMEST ADDRESS <td>Zip</td> <td>Cour</td> <td>ntry</td> <td>Zip</td> <td>Countr</td> <td>гу </td> <td>5(</td> <td></td> <td> C \$</td> <td>8.75 Add</td> <td>ditional</td>	Zip	Cour	ntry	Zip	Countr	гу 	5(C \$	8.75 Add	ditional	
MAHONEY, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) geno South OCEAN DRIVE G(1204 JENSEN BEACH FL 34957 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Gont TURE City Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature reguled when reindateng) DATE Signature. typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature reguled when reindateng) DATE Signature. typed or printed name of registered agent and the if applicable. FILE NOW!!!! FEE IS \$150.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.		6. Name and Ac	Idress of Current Re	egistered Agent							ed T	
9900 SOUTH OCEAN DRIVE @1204 JENSEN BEACH FL 34957 3. 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. 3. 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. 3. 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. 3. 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. 3. 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. 3. The above named entity submits this statement of registered agent and the if appleable. (NOTE: Registered Agent signature regulated when reinstaing) DATE 3. This corporation is eligible to satisfy its Intangible 3. This corporation is eligible to assistly its Intangible 3. The above named enters and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS 12. AbolitionS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DCP MAHONEY, JOSEPH J III 900 SOUTH OCEAN DR., #1204				- <u></u> ,		Name			<u> </u>			
						Street Address	; (P.O. E	Box Number is Not Acceptable	e)			
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. A. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstaing) DATE Signature, typed or printed name of registered agent and tile if explicable (NOTE: Registered Agent signature required when reinstaing) DATE A. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May I Added to Fees Geo criteria on back) Image: Criteria on back) Image: Criteria on back) Stoppathwe. Check Payable to Department of State 10. Election Campaign Financing \$5.00 May I I. OFFICERS AND DIRECTORS 12. AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees I. OFFICERS AND DIRECTORS 12. AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees I. OFFICERS AND DIRECTORS 12. AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Added to Fees I. ME MAHONEY, JOSEPH J III Statest AdDRESS Citr-St. 2P Change Add								· · · · · ·				
IGNATURE DATE IGNATURE (NOTE: Registered Agent signature required when reinstating) DATE DATE In his corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) III. Election Campaign Financing Trust Fund Contribution. \$5.00 May I Added to Fees I. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Inte MAHONEY, JOSEPH J III 9900 SOUTH OCEAN DR., #1204 CITY-ST-ZIP Inte Change Add MAHONES, JOSEPH J III. 9900 SOUTH OCEAN DR., #1204 CITY-ST-ZIP Inte Change O delete TITLE MAHE SIMPSON, RONALD W. Hee TADDRESS UT-ST-ZIP Change Add MAHE Change Add MAKE Colspan="2">Colspan="2">Change Add MAKE Change Change Add ME O Lete TITLE Change <th c<="" td=""><td colspan="5">-</td><td>City</td><td></td><td></td><td>FL</td><td>Zip Cod</td><td>e</td></th>	<td colspan="5">-</td> <td>City</td> <td></td> <td></td> <td>FL</td> <td>Zip Cod</td> <td>e</td>	-					City			FL	Zip Cod	e
IGNATURE IGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Intel scorporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Intel to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ILE DCP Delete TITLE Change Added to Fees MME MAHONEY, JOSEPH J III STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Added to Fees MME SIMPSON, RONALD W. Insteam of the state of the stat	. The above	named entity submi	ts this statement for t	he purpose of changing it	ts registered	d office or regist	ered ag	ent, or both, in the State of Fig	vida.		· .	
Signature. typed or printed name of registered agent and tile if epplicable. (NOTE: Registered Agent signature required when reinstating) DATE A. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May In Added to Fees I. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 I.E DCP MAHONEY, JOSEPH J III 9900 SOUTH OCEAN DR., #1204 JENSEN BEACH FL 34957 Delete TITLE NAME Citry-St-ZiP I.E VTS IDelete TITLE Change Add ME SIMPSON, RONALD W. 1489 CHURCH ST NW WASHINGTON DC 20005 Delete TITLE NAME Change Add ILE D IDelete TITLE Change Add ME SIMPSON, RONALD W. MAE STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Change Add ILE D IDelete TITLE Change Add ME MAHONEY, JOSEPH J JR. Delete TITLE Change Add												
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May In Added to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ILE DCP Intermediation of the set address geogo SOUTH OCEAN DR., #1204 Intermediation of the set address geogo SOUTH OCEAN DR., #1204 Intermediation of the set address citry-str-zip ILE VTS Intermediation of the set address geogo SOUTH OCEAN DR., #1204 Intermediation of the set address citry-str-zip Intermediation of the set address citry-str-zip Intermediation of the set address citry-str-zip ILE VTS Intermediation of the set address geogo SOUTH OCEAN DR., #1204 Intermediation of the set address citry-str-zip Intermediation of the set address citry-str-zip ILE VTS Intermediation of the set address citry-str-zip ILE Delete Intermediation of the set address citry-str-zip Intermediation of the set address citry-str-zip Intermediation of th			name of registered agent and	title if applicable. (NO	TE: Registered	Agent signature requir	ed when re	instating)	DATE			
Trust Fund Contribution After May 1, 2002 Fee Will be \$550.00 (See criteria on back) Make Check Payable to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DCP MAHONEY, JOSEPH J III REET ADDRESS 9900 SOUTH OCEAN DR., #1204 JENSEN BEACH FL 34957 TILE VTS SIMPSON, RONALD W. REET ADDRESS SIMPSON, RONALD W. Itel to belete TITLE WAE SIMPSON, RONALD W. Itel to belete The belete TITLE Delete TITLE UT-ST-ZIP WAE SIMPSON, RONALD W. Itel to belete TTLE Delete TITLE MAE SIMPSON, RONALD W. Itel to belete TTLE Delete TTLE Delete TTLE Delete TTLE MAE STREET ADDRESS CITY-ST-ZIP WAE MAE Delete TTLE MA		-	, ,			•		10. Election Campaign Fin	ancing	\$5.0		
TLE DCP Delete TTLE MME MAHONEY, JOSEPH J III Delete TTLE 9900 SOUTH OCEAN DR., #1204 STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP TLE VTS SIMPSON, RONALD W. REET ADDRESS 1469 CHURCH ST NW VY-ST-ZIP JEASEN BEACH FL 34957 Change Add NAME SIMPSON, RONALD W. 1469 CHURCH ST NW VY-ST-ZIP WASHINGTON DC 20005 CITY-ST-ZIP ILE D MAE MAE MAE NAME STREET ADDRESS 1469 CHURCH ST NW VT-ST-ZIP WASHINGTON DC 20005 CITY-ST-ZIP Change Add MAE D MAE MAE MAE MAE MAE MAE MAE MAE MAE								, .	÷ _	Addeo	to Fees	
MAHONEY, JOSEPH J III NAME REET ADDRESS 9900 SOUTH OCEAN DR., #1204 STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP ILE VTS Delete MME SIMPSON, RONALD W. REET ADDRESS STREET ADDRESS 1469 CHURCH ST NW STREET ADDRESS IY-ST-ZIP WASHINGTON DC 20005 ILE D ME Delete TITLE Change Add NAME STREET ADDRESS 1469 CHURCH ST NW VT-ST-ZIP WASHINGTON DC 20005 CITY-ST-ZIP ME ME MAHONEY, JOSEPH J JR.			OFFICERS AND DI	RECTORS	12.		AD	L DITIONS/CHANGES TO OFF	CERS AND [DIRECTOR	S IN 11	
TLE VTS Delete TITLE Change Add AME SIMPSON, RONALD W. NAME NAME TREET ADDRESS 1469 CHURCH ST NW STREET ADDRESS CitY-ST-ZIP VY-ST-ZIP WASHINGTON DC 20005 CitY-ST-ZIP CitY-ST-ZIP TLE D Delete TITLE Change Add MME Delete TITLE Change Add MME NAME NAME Change Add	AME REET ADDRESS	MAHONEY, JOS 9900 SOUTH OC	EAN DR., #1204	Delete .	NAME STREET						Addition	
TLE D Change Add	Ame Treet address	VTS SIMPSON, RONA 1469 CHURCH S	NLD W. ST NW	Delete	NAME STREET				[🗋 Change	Addition	
	ile .me ' Reet address	D MAHONEY, JOSI 2616 N. GLEBE I	eph J Jr. Road	Delete	TITLE NAME STREET	ADDRESS		<u></u>		Change	Addition	
	ME REET ADDRESS			Delete .	TITLE NAME STREET	ADDRESS			[Change	Addition	
ILE Delete TITLE Change Add. ME NAME NAME REET ADDRESS STREET ADDRESS IY-ST-ZIP CITY-ST-ZIP	ME REET ADDRESS			Delete	NAME STREET			·······	Ľ	Change	Addition	
LE Delete TITLE Change Addi ME NAME REET ADDRESS Y-ST-ZIP CITY-ST-ZIP	ME REET ADDRESS	· · · · · · · · · · · · · · · · · · ·	-	· Delete	NAME STREET				[Change	Addition	