2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000005302

WHITE, JULIE

CONYERS, GA

575 GREENVIEW AVENUE

Name: Address:

City-St-Zip:

Entity Name: SOUTHERN MORTGAGE REPORTING, INC.

FILED Jan 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3820 NORTHDALE BLVD STE 102B TAMPA, FL 33624 **Current Mailing Address: New Mailing Address:** 3820 NORTHDALE BLVD STE 102B TAMPA, FL 33624 FEI Number: 58-1974408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EATON, BARBARA 3820 NÓRTHDALE BLVD **STE 102B** TAMPA, FL 33624 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition MCMAHAN, KYLE Name: Name: 2657 HENDERSON RIDGE RD. Address: Address: City-St-Zip: TUCKER, GA 30084 City-St-Zip: Title: **PCFO** Title: () Delete () Change () Addition Name: KOENIG, CRAIG J Name: 802 WHITE ROCK TRAIL Address: Address: SUWANEE, GA City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STEWART, JOHN Name: Name: 2511 GLEN EAGLES DR. Address: Address: City-St-Zip: TUCKER, GA 30084 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CRAIG KOENIG PCFO 01/24/2002