FOR PROFIT CORPORATION ซ์NIFORM BUSINESS REPORT (UBR) F94000001360 **DOCUMENT #** QUALITY ASSET MANAGEMENT, INC. Mailing Address Principal Place of Business 811 E 10TH STREET 250 CARPENTER FREEWAY IRVING TX 75062 SIOUX FALLS SD 57103 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country

FILED

Florida, Department of Stat Uniform Business Report Division of Corporations PORBOXANSOUSTATE Tallahassee, OFTA 32302 1500

CHECK HERE IF MAKING CHANGES

46-0428414

Applied

Not App

Zip	Country	Zip	Country	5. C	Certificate of Status Desired		\$8.75 Addit Fee Required	
	6. Name and Address of Current	<u> </u>	7. Name and Address of New Registered Agent					
	· · · · · · · · · · · · · · · · · · ·	Name	Name					
CT CORPORATION SYSTEM			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	ine island RD.				<u> </u>		 	
PLANTATI	ON FL 33324							
-	; ii		City			FL	Zip Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s registered office or	registered age	ent, or both, in the State of Flo	rida. I am f	amiliar with, a	nd a
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signate	ure required when rei	ristating)	DATE		
	ILENOWIII FEE IS \$ 150.00 4	275 Y 62					<u> </u>	
After May 17 Fee will be \$550,00 3 250.00				9. Election Campaign I Trust Fund Contribut			\$5.00 Added	
Make Check	Payable to Florida Department	of State 5					710000	1
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN)
TITLE	P	☐ Delete	TITLE		D		☐ Change	$\langle X \rangle$
NAME	JOHNSON, WILLIAM E		NAME	1	_			
STREET ADDRESS	4 PARKWAY NORTH		STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD IL 60015		CITY-ST-ZIP					
TITLE	S	Delete	TITUE]	•		☐ Change	
NAME	HUGHES, JOHN		NAME	l son	103799512	25		
STREET ADDRESS	250 CARPENTER PARKWAY		STREET ADDRESS	06/16/0	103799512 401009009*	*150.00)	
CITY-ST-ZIP	IRVING TX 75062		CITY-ST-ZIP					
TITLE !	ASA	⁻ ☐ Delete	TITLE		AVP	-	☐ Change	X
NAME	GREENE, PATRICK J		NAME	1				
STREET ADDRESS	250 CARPENTER FREEWAY		STREET ADDRESS CITY-ST-ZIP	l				
CITY-ST-ZIP	IRVING TX	<u> </u>		ļ	·	`		
TITLE	AVPS	Delete	TITLE	ļ	4.4	•	Change	
NAME	MCCRARY, VANESSA		NAME	Į.				
STREET ADDRESS CITY-ST-ZIP	250 CARPENTER FREEWAY IRVING TX 75062	•	STREET ADDRESS CITY-ST-ZIP		,			
				 		 		
TITLE	D	₩ Delete	TITLE	VP D			Change	
NAME STREET ADDRESS	JOHNSON, WILLIAM E 300 St. Paul Place		NAME Street address	Timothy (•			
CITY-ST-ZIP	BALTIMORE MD 21202		CITY-ST-ZIP		enter Freeway			
	DALIMONE MD 21202			Irving.	LX_75062		☐ Change	
TITLE NAME		☐ Delete	TITLE NAME				∟ ∪iange	
STREET ADDRESS). M		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
4 bl.	la .		0 0. 2		40.07(0) The state Or a second			

SIGNATURE:

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GNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK J. GREENE
ASS'T VICE PRESIDENT

Daytime Phone #