

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F94000005819**1. Entity Name
SAXON MORTGAGE, INC.

Principal Place of Business	Mailing Address
4880 COX ROAD	4880 COX ROAD
GLEN ALLEN VA 23060	GLEN ALLEN VA 23060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-1805887

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTHE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105TALLAHASSEE FL
32301 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	SHEPHERD RICHARD D	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PAYNE MARGARET A	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	EVT	<input type="checkbox"/> Delete
NAME	PARTLOW ROBERT G	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23030	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIELY HENRY C	
STREET ADDRESS	100 TREDEGAR ST., 2ND FLOOR	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAWYER MICHAEL L	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COUDRIET CHARLES E	
STREET ADDRESS	120 TREDEGAR STREET	
CITY-ST-ZIP	RICHMOND VA 23219	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD RICHARD D	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS BRADLEY D	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD D. SHEPHERD

SV

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)