FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90096 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # 1. Entity Name MLCC MORTGAGE INV | F94000006370 ESTORS, INC. | . [/ | |
|---|---------------------------|------|--|
| | N. T. A.L. | | |

| 4802 DEER L JACKSONVIL US | AKE DRIVE EAST LE FL 32246-6484 Place of Business | 4802 DEER LAKE DRIVI ATTN: HOLLY MRUZ JACKSONVILLE FL 3224 | | | | |
|--|--|--|---------------------------------------|---|--|--|
| ' | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & Stat | e | City & State | | 4. FEI Number 59-3247986 Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current 6 | Registered Agent | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | | |
| | PORATION SYSTEM | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| | UTH PINE ISLAND ROAD TON FL 33324 | | | | | |
| | | | City | FL Zip Code | | |
| 8 The above | named entity submits this statement for | the ournose of changing it | ts registered office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| | tions of registered agent. | the purpose of shariging in | to registered emed or regi | stored agont, or both, in the state of horizon. Yakharinia min, and assept | | |
| SIGNATURE . | | | | | | |
| | Signature, typed or printed name of registered agent a | nd title if applicable. (NC | TE: Registered Agent signature req | uired when reinstating) DATE | | |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADORESS CITY-ST-ŽIP | DP O'HANLON, KEVIN 4802 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246-6484 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV MORRISON, GEORGE T 4802 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246-6484 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STEWART, TARA 4802 DEER LAKE DR E JAX FL 32246-6484 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRAYNHAM, EARLE C 3918 CHICORA WOOD PLACE JACKSONVILLE FL 32224 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME Street Address City-St-Zip | VTD DOBRANSKY, ARPAD 4802 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS | D MCCONNELL, THOMAS O 8210 SHADE TREE COURT | ☐ Delete | TITLE NAME STREET ADDRESS | Change Addition | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

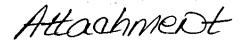
JACKSONVILLE FL 32256

01/28/03

904-218-6092

Daytime Phone #

مأسيب ء





F9400006370

MLCC MORTGAGE INVESTORS, INC. DIRECTORS AND OFFICERS

| NAME | TITLE | BUSINESS ADDRESS |
|----------------------|--------|--|
| DIRECTORS: | | • |
| O'HANLON, KEVIN | D | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| DOBRANSKY, ARPAD | D | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| STEWART, TARA | , D | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| MCCONNELL, THOMAS O. | D | |
| TRAYNHAM, EARLE C. | D | • |
| OFFICERS: | , | |
| O'HANLON, KEVIN | PC | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| DOBRANSKY, ARPAD | TV | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| MORRISON, GEORGE T. | SV | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| STEWART, TARA | V | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |
| CIAFFA, KATHY | V | 4802 Deer Lake Drive East, Jacksonville, FL 32246-6484 |