

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003070

1. Entity Name

FIRST AMERICAN EQUITY LOAN SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90080 009 ***150.00

Principal Place of Business

1535 HIGHLAND AVE SOUT
CLEARWATER FL 33756
US

Mailing Address

1228 EUCLID AVENUE
4TH FLOOR
CLEVELAND OH 44115
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. 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 State

10. Election: Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HOPKINS, MICHAEL B | |
| STREET ADDRESS | 1229 EUCLID AVENUE, SUITE 400 | |
| CITY- ST- ZIP | CLEVELAND OH 44115 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | MCMANAMON, ROBERT | |
| STREET ADDRESS | 1228 EUCLID AVENUE, SUITE 400 | |
| CITY- ST- ZIP | CLEVELAND OH 44115 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DOMAN, PAUL M | |
| STREET ADDRESS | 1228 EUCLID AVE, SUITE 400 | |
| CITY- ST- ZIP | CLEVELAND OH 44115 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CONWAY, SEAN | |
| STREET ADDRESS | 1228 EUCLID AVENUE, SUITE 400 | |
| CITY- ST- ZIP | CLEVELAND OH 44115 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KENNEDY, PARKER S | |
| STREET ADDRESS | 114 E. 5TH ST. | |
| CITY- ST- ZIP | SANTA ANA CA 92701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | Vice President | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Agarst, Sandy | |
| STREET ADDRESS | 1228 Euclid Ave. Suite 400 | |
| CITY- ST- ZIP | Cleveland, OH. 44115 | |
| 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 | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kennedy, Parker S. | |
| STREET ADDRESS | 1 First American Way | |
| CITY- ST- ZIP | Santa Ana, CA. 92701 | |
| 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:

Sean Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

216-241-1278

Daytime Phone #

CR2E034 (10/00)