2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000004092

Entity Name: CRESCENT MORTGAGE SERVICES, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 115 PERIMETER CENTER PLACE SUITE 285 ATLANTA, GA 30346 **Current Mailing Address: New Mailing Address:** 115 PERIMETER CENTER PLACE SUITE 285 ATLANTA, GA 30346 FEI Number: 58-2173859 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: () Delete () Change () Addition KENKNIGHT, ROBERT C Name: Name: 115 PERIMETER CENTER PLACE., STE 285 Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: Title: Title: () Delete (X) Change () Addition BOGGUS, J. DONALD J Name: Name: BOGGUS, J. DONALD 115 PERIMETER CENTER PLACE., STE 285 115 PERIMETER CENTER PLACE., STE 285 Address: Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: ATLANTA, GA 30346 Title: () Delete Title: () Change () Addition LEDDY, MICHAEL P Name: Name: 115 PERIMETER CENTER PLACE., STE 285 Address: Address: ATLANTA, GA 30346 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition ANTHONY, PATRICIA J Name: Name: Address: 115 PERIMETER CENTER PLACE., STE 285 Address: City-St-Zip: ATLANTA, GA 30346 City-St-Zip: Title: Title: () Delete () Change () Addition CAPELLO, JOHN Name: Name: THE MILL TOWER, 300 BEDFORD ST Address: Address: City-St-Zip: MANCHESTER, NH 03101 City-St-Zip: Title: () Delete Title: () Change () Addition FOWLER, WILLIAM Name: Name: 115 PERIMETER CENTER PL STE 285 Address: Address: City-St-Zip: City-St-Zip: ATLANTA, GA 30346 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.

SIGNATURE: ROBERT C KENKNIGHT P 04/29/2002