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FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004926 (0)

1. Corporation Name

UNITED COMPANIES FUNDING, INC.

Principal Place of Business

2051 KILLEBREW DR
SUITE 210
BLOOMINGTON MN 55424 -
US 55425

Mailing Address

4041 ESSEN LANE
BATON ROUGE LA 70809-2129



3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

02/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

72-1289427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BROWN, J T	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	REDMAN, DALE E	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIENES, JOHN D	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTS, KENNETH S	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, SHERRY E	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, LAURA T	
STREET ADDRESS	4041 ESSEN LANE	
CITY - ST - ZIP	BATON ROUGE LA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michaela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michaela Alban Vice President

1-24-97 504-924-6007

Date

Daytime Phone #

0493742

CR2E034 (9/96)