

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006091

1. Entity Name

DYNEX FINANCIAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90957 004 ***150.00

Principal Place of Business

Mailing Address

10900 NUCKOLS ROAD
THIRD FLOOR
GLEN ALLEN VA 23060
US

10900 NUCKOLS ROAD
THIRD FLOOR
GLEN ALLEN VA 23060-9246
US

2. Principal Place of Business

3. Mailing Address c/o Rich Miller

260 E. Brown Street

Suite, Apt. #, etc.
Suite 200

City & State
Birmingham, MI

Zip
48009

Country
USA

4. FEI Number 54-1779092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GEURIN, LYNN K	
STREET ADDRESS	10900 NUCKOLS ROAD, THIRD FLOOR	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, WILLIAM	
STREET ADDRESS	10900 NUCKOLS ROAD, THIRD FLOOR	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, BRIAN K	
STREET ADDRESS	10900 NUCKOLS ROAD, THIRD FLOOR	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	BENEDETTI, STEPHEN J.	
STREET ADDRESS	10900 NUCKOLS ROAD, THIRD FLOOR	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JAMES V	
STREET ADDRESS	10900 NUCKOLS ROAD, THIRD FLOOR	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Peter Scherer	
STREET ADDRESS	260 E. Brown Street, Suite 200	
CITY-ST-ZIP	Birmingham, MI 48009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald A. Klein	
STREET ADDRESS	260 E. Brown Street, Suite 200	
CITY-ST-ZIP	Birmingham, MI 48009	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Landshulz	
STREET ADDRESS	260 E. Brown Street, Suite 200	
CITY-ST-ZIP	Birmingham, MI 48009	
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:

Ronald A. Klein

Ronald A. Klein

04/28/00 (248) 644-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)