

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006091

1. Entity Name

DYNEX FINANCIAL, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90266 048 \*\*\*150.00

Principal Place of Business

4121 COX ROAD  
SUITE 120  
GLEN ALLEN VA 23060  
US

Mailing Address

4121 COX ROAD  
SUITE 120  
GLEN ALLEN VA 23060  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, 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

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	CEO/P/ASST. SEC./D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Peter Scherer	
STREET ADDRESS	260 E. Brown, Suite 200	
CITY-ST-ZIP	Birmingham, Michigan 48009	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald A. Klein	
STREET ADDRESS	260 E. Brown, Suite 200	
CITY-ST-ZIP	Birmingham, Michigan 48009	
TITLE	EVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark W. Landschulz	
STREET ADDRESS	260 E. Brown, Suite 200	
CITY-ST-ZIP	Birmingham, Michigan 48009	
TITLE	SVP/GENERAL COUNSEL/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas W. Buchanan	
STREET ADDRESS	260 E. Brown, Suite 200	
CITY-ST-ZIP	Birmingham, Michigan 48009	
TITLE	EVP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James V. Smith	
STREET ADDRESS	4121 Cox Road, Suite 120	
CITY-ST-ZIP	Glen Allen, Virginia 23060	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Anderson Geater	
STREET ADDRESS	260 E. Brown, Suite 200	
CITY-ST-ZIP	Birmingham, Michigan 48009	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Buchanan

4/17/01 (248) 433-2757  
Date Daytime Phone #

CR2E034 (10/00)