

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002912

1. Entity Name

eHomeCredit Corp.

Principal Place of Business

Mailing Address

211 STATION RD
MINEOLA NY 11501

211 STATION RD
MINEOLA NY 11501

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

11-215564

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

CT CORPORATION
660 E. JEFFERSON ST
TALLAHASSEE, FL 32304

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, 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: PRESIDENT
NAME: MICHAEL J. BODE
STREET ADDRESS: 211 STATION RD
CITY-ST-ZIP: MINEOLA NY 11501

TITLE: SECRETARY & CTO
NAME: LAWRENCE TIMMINS
STREET ADDRESS: 211 STATION RD
CITY-ST-ZIP: MINEOLA NY 11501

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: CIO
NAME: STEVE SHERMAN
STREET ADDRESS: 3200 N. FEDERAL HWY STE. 122
CITY-ST-ZIP: BOCA RATON FL 33431

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: SECRETARY & TREASURER
NAME: MARK ROSENBLUM
STREET ADDRESS: 211 STATION RD
CITY-ST-ZIP: MINEOLA NY 11501

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: COO
NAME: MICHAEL RYER
STREET ADDRESS: 211 STATION RD
CITY-ST-ZIP: MINEOLA NY 11501

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

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:

Michael J Bode

MICHAEL J BODE

7/17/01

Date

877-346-6327

Daytime Phone #

CR2E034 (11/00)