2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# May 18, 2000 8:00 am Secretary of State F96000004988 Pacific Guarantee Mortgage Corporation 05-18-2000 90288 004 ***150.00 Principal Place of Business Mailing Address 501 Canal Blvd, suite H 501 Canal Blvd, Suite H Richmond CA 94804-35177 Richmond CA 94804-3517 A0061501 2. Principal Place of Business 3. Mailing Address 501 Canal Blvd Suite H 501 Canal Blvd, Suite H Suite, Apt. #, etc. Suite H Suite, Apt. #, etc.
Suite H DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Richmond CA Richmond CA 68-0100581 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 94804-3517 USA 94804-3517 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating), DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
President OFFICERS AND DIRECTORS 11. 12. XX Addition TITLE President William D. Osenton ☐ Delete TITLE ☐ Change William D. Osenton NAME NAME 501 Canal Blvd, Suite H 501 Canal Blvd, Suite H STREET ADDRESS STREET ADDRESS Richmond CA 94804-3517 Richmond CA 94804-3517 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Senior Vice President ☐ Delete TITLE NAME NAME Francine Osenton STREET ADDRESS STREET ADDRESS 501 Canal Blyd Suite H Richmond CA 94804-3517 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete Senior Vice President NAME Michael_Hillman__ STREET ADDRESS STREET ADDRESS 501 Canal CBlvd48Suite17 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Senior Vice President XX Delete TITLE Aaron Mann NAME STREET ADDRESS STREET ADDRESS 501 Canal Blvd, Suite H CITY-ST-ZIP CITY-ST-ZIP Richmond CA 94804-3517 ☐ Change Addition TITLE XDelete TITLE Senior Vice Presidnet NAME NAME Carole Lombard STREET ADDRESS STREET ADDRESS 501 Canal Blvd, Suite H CITY-ST-ZIP CITY-ST-ZIP Richmond CA 94804-3517 ☐ Change Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

William D. Osenton

4/26/00

510-307-7100