

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90035 041 ***150.00

DOCUMENT # F96000005806

1. Entity Name

CIMARRON MORTGAGE COMPANY

Principal Place of Business

**6310 I55 N
 SUITE 400 W
 JACKSON MS 39211
 US**

Mailing Address

**P.O. BOX 12830
 JACKSON MS 39236-2830
 US**

2. Principal Place of Business

3. Mailing Address

6311 Ridgewood Road

**Suite, Apt. #, etc.
 Suite 400W**

Suite, Apt. #, etc.

City & State

Jackson, MS

City & State

Zip

39211

Country

Hinds

Country

4. FEI Number

64-0809254

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

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

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, 2002 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 **DP** ☐ Delete
 NAME **SALVO, PAUL J**
 STREET ADDRESS **6225 WATERFORD DR**
 CITY-ST-ZIP **JACKSON MS 39211**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **SCOTT, LINDA**
 STREET ADDRESS **107 CONCORD DR**
 CITY-ST-ZIP **CLINTON MS 39056**

TITLE **EVP** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DC** ☐ Delete
 NAME **MCREE, MICHAEL T**
 STREET ADDRESS **1611 DIVINE ST**
 CITY-ST-ZIP **JACKSON MS 39202**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **BAILEY, H C JR**
 STREET ADDRESS **14 E HILL DR**
 CITY-ST-ZIP **JACKSON MS 39216**

TITLE **D** ☒ Change ☐ Addition
 NAME **Bailey, H. C. Jr.**
 STREET ADDRESS **20 Waterstone Place**
 CITY-ST-ZIP **Jackson, MS 39211**

TITLE **D** ☐ Delete
 NAME **GARNETT, GERALD**
 STREET ADDRESS **263 FOREST LAKE DR**
 CITY-ST-ZIP **MADISON MS 39110**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **S** ☐ Change ☒ Addition
 NAME **Mary York**
 STREET ADDRESS **120 Windsor Hills Drive**
 CITY-ST-ZIP **Madison, MS 39110**

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:

Mary York
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

601-899-1500

Date

Daytime Phone #

CR2E034 (9/01)