200@ UNIFORM BUSINESS REPORT (UBR)

DCCUMENT # F9700003247 Apr 03, 2000 8:00 am Secretary of State FORTRESS MORTGAGE, INC. 04-03-2000 90163 028 ***150.00 Principal Place of Business Mailing Address 2191 FOX MILL RD 2191 FOX MILL RD SUITE 120 SUITE 120 HERNDON VA 20171 HERNDON VA 20171-3019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1830770 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITI E Change Addition CFO/SVZ TITLE ☐ Delete DAVID CONNAY NAME PALDA, JAMES L NAME STREET ADDRESS STREET ADDRESS 2191 FUX MILL SHITE 120 2191 FOX MILL RD STE 120 CITY-ST-ZIP CITY-ST-ZIP Item M DUN VA HERNDON VA 20171 Addition SECRET MY ☐ Change Delete TITLE FOLEST WALPOLE NAME NAME jeffcoat, stëven w 2323 45 A AVE STREET ADDRESS STREET ADDRESS 2191 FOX MILL RD STE 120 CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20171 ☐ Addition SVP TITLE Delete NAME NAME DICKSON, JOHN M STREET ADDRESS STREET ADDRESS 2191 FOX MILL RD STE 120 CITY-ST-ZIP CITY-ST-ZIP HERNODN VA 20171 Change ☐ Addition Delete TITLE TITLE NAME NAME POWERS, ERICA B STREET ADDRESS STREET ADDRESS 2191 FOX MILL RD STE 120 CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 20171 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2000

703-234-4553

Daytime Phone #