FILED

2002 WIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am 8 Secretary of State F97000005217 DOCUMENT # 1. Entity Name **UAC SECURITIZATION CORPORATION** 02-21-2002 90173 012 ***150.00 Principal Place of Business Mailing Address 9240 BONITA BEACH ROAD, STE 1109 9240 BONITA BEACH ROAD, STE 1109 **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 35-1937340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition CR2E034 (9/01) TITLE ☐ Delete **VSAT** Change NAME WEST, THOMAS M NAME Huerta, Dawn M. 695 E MAINSTREET 3RD FLOOR STREET ADDRESS STREET ADDRESS 9240 Bonita Beach Rd Suite 1109 STAMFORD CT 06904 CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34135 **PTAS** ☐ Change TITLE ☐ Delete TITLE Addition D GRAZIANI, LEEANNE NAME NAME Ervin, Lee N. STREET ADDRESS 9240 BONITA BEACH RD, STE 1109 STREET ADDRESS 250 N. Shadeland Avenue CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP Indianapolis, IN 46219 TITLE **AVAS** X Delete TITLE Change ■ Addition NAME Wagoner, Richard A NAME Brown, Rick A. STREET ADDRESS 9240 BONITA BEACH ROAD STE 1109 STREET ADDRESS 250 N. Shadeland Avenue **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Indianapolis, IN 46219 TITLE Delete TITLE ☐ Change Addition A STAINBROOK, JOHN M NAME NAME Pointer II, David M. 403 Royal Palm Way Tampa, FL 33609 250 N. SHADELAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INDIANAPOLIS IN 46219** CITY-ST-ZIP TITLE ■ Delete TITLE Change ☐ Addition VONDEYLEN, JERRY D NAME NAME **45 N PENNSYLVANIA STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46204 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MULLENNIX, GARY NAME NAME Mullennix, Gary 425 DOCKSIDE DRIVE # 806 STREET ADDRESS STREET ADDRESS 425 Dockside Drive #805 NAPLES FL 34110 CITY-ST-7IP CITY-ST-ZIP 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 chapted or on an attachment with an address with all other like propagators.

Leeanne W. Graziani REQUIREPresident SIGNATURE:

changed, or on an attachment with an address, with all other like empowered