FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # F98000001050 1. Entity Name	
MEDITACE MODECACE CORROBATION	

1. Entity Name MERITAGE MORTGAGE CORPORATION					04-25-2005 90277 022 ***150.00	
	DO NOT WRITE	IN THIS	SPAC	E		
2. Principal Place of Business 3. Mailing Address 6000 SW Meadows Road 9710 Two Notch		h Road				
Suite, Apt. #, etc. Suite, Apt. #, etc.		•		DO NOT WRITE IN THIS SPACE		
City & State C		City & State Columbia, SC			4. FEI Number 93-1186856 Applied Fo	—-
Zip 97035	Country USA	Zip 29223	Cour		5. Certificate of Status Desired S8.75 Additional Fee Required	
					7. Name and Address of Current Registered Agent	\Box
hap. 14	د این میں بیادید اید			Name CT	CORPORATION SYSTEM	
	DO NOT W			Street Addres	ess (P.O. Box Number is Not Acceptable)	
IN THIS SPACE			1200 Sou	outh Pine Island Road		
				City Planta	station FL Zip Code 33324	
	Signature, typed or printed name of registered eger inuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department of		(NOTE: Registere	d Agent signaturo req	9. Election Campaign Financing \$5.00 May 6 Trust Fund Contribution.	
10.	OFFICERS ANI	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Russell L. Burdsall 9710 Two Notch Road, Colu	mbia, SC 29223				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William M. Ross TREET ADDRESS 9710 Two Notch Road, Columbia, SC 29223			ı		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Charles E. Mapson 9710 Two Notch Road, Columbia, SC 29223			I	_ DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME Steven F. Herbert 9710 Two Notch Road, Columbia, SC 29223			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Jerald W. McCoy 9710 Two Notch Road, Colu	mbia, SC 29223		i i	÷	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ı		

12. 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 10 or on an attachment with an address. Why all other like empowered.

Charles E. Mapson, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-2005

904-251-6420

Date

Daytime Phone #