2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F9800001283 FIRST CHOICE LENDING, INC. 4-30-2001 90054 050 ***150.00 Principal Place of Business Mailing Address 200 CHASE PARK S., #200 200 CHASE PARK S., #200 BIRMINGHAM AL 35244 BIRMINGHAM AL 35244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-1405581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code F 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 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE PDC NAME ROGERS, ZACK STREET ADDRESS STREET ADDRESS 5031 STRATFORD RD. CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35242 ☐ Addition TITLE VD. ☐ Delete ☐ Change NAME NAME MOORE, JAMES C STREET ADDRESS STREET ADDRESS 201 BROADMOOR CIRCLE CITY-ST-ZIP CITY-ST-ZIP ALABASTER AL 35007 TITLE ☐ Delete TITLE NAME STEADMAN, ANN NAME STREET ADDRESS 5183 TRACE CROSSING DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOOVER AL 35244 TITLE ☐ Delete TITLE ☐ Addition DC NAME NAME STRATTON, RANDY STREET ADDRESS STREET ADDRESS 789 MAIN RD. CITY-ST-ZIP CITY-ST-ZIP STANFORD VT 05352 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP