

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001351

1. Entity Name

PALADIN LENDING, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90234 022 ***550.00

Principal Place of Business

816 CONGRESS AVE
 SUITE 1400
 AUSTIN TX 78701
 US

Mailing Address

816 CONGRESS AVE
 SUITE 1400
 AUSTIN TX 78701
 US

2. Principal Place of Business

1250 Capital of Texas
 Suite, Apt. #, etc.

3. Mailing Address

Hwy Bldg 2
 Suite, Apt. #, etc.

City & State

Austin, Tx

City & State

4. FEI Number

74-2843107

Applied For

Not Applicable

Zip

78746

Country

Travis

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STARNES, ROBERT D
 CITY-ST-ZIP 1506 WILSON HEIGHTS
 AUSTIN TX 78746

TITLE ☐ Delete
 NAME DPT
 STREET ADDRESS WINTER, MARK C
 CITY-ST-ZIP 1403 GASTON
 AUSTIN TX 78703

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS VANN, CATHY D
 CITY-ST-ZIP 7403 CREEKBLUFF
 AUSTIN TX 78703

TITLE ☐ Delete
 NAME SV
 STREET ADDRESS DICKERSON, PATRICIA A
 CITY-ST-ZIP 301 CARGILL
 BRIARCLIFF TX 78669

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A Dickerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00
 Date

512-703-2102
 Daytime Phone #

CR2E034 (5/00)