

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001351

1. Entity Name
PALADIN LENDING, INC.

Principal Place of Business
1250 CAPT OF TEXAS HWY BLDG 2
SUITE 500
AUSTIN TX 78746
US

Mailing Address
1250 CAPT OF TEXAS HWY BLDG 2
SUITE 500
AUSTIN TX 78746
US

2. Principal Place of Business
Same As Above
Suite, Apt. #, etc.

3. Mailing Address
Same As Above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 74-2843107

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Delete
NAME SV
DICKERSON, PATRICIA A
STREET ADDRESS 301 CARGILL
CITY-ST-ZIP BRIARCLIFF TX 78689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 512-703-2102
Date Daytime Phone #

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90004 033 ***550.00



DO NOT WRITE IN THIS SPACE

0145965 SP

CR2E034 (5/01)