2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # F98000002688 Jan 22, 2000 8:00 am **Secretary of State** CARTERET MORTGAGE CORPORATION 01-22-2000 90007 029 ***150.00 Principal Place of Business Mailing Address 15421 SNOWHILL LANE 15421 SNOWHILL LANE CENTREVILLE VA 20120-1148 CENTREVILLE VA 20120-1148 DUUUULIN 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1763567 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CODERRE, STEVE Street Address (P.O. Box Number is Not Acceptable) 1966 VALLEY DRIVE **DUNEDIN FL 34698** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 12. 11. PCST ☐ Change ☐ Addition ☐ Delete TITLE Weinstein. Eric NAME NAME STREET ADDRESS 15421 SNOWHILL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTREVILLE VA 20120-1148 VCD ☐ Delete Change ☐ Addition TITLE WEINSTEIN, ERIC NAME NAME STREET ADDRESS 15421 SNOWHILL LANE STREET ADDRESS CITY-ST-ZIP CENTREVILLE VA 20120-1148 CITY-ST-ZIP ☐ Change - ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change | ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies 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 proof 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

EPIC WEINSTEIN Pres 1/1/00