2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002057

Country

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C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

O'NEIL, KEVIN J

ATLANTA GA 30342

ATLANTA GA 30342

BYERS, KELLY A

STOPKO, JEFF

(See criteria on back)

PCEO

VAS

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

5775-D PEACHTREE DUNWOODY RD, SUITE 100

5775-D PEACHTREE DUNWOODY RD, SUITE 100

USBANCORP/ MAIN & FRANKLIN STREETS

OFFICERS AND DIRECTORS

1. Entity Name

ATLANTA GA 30342

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

STANDARD MORTGAGE CORPORATION OF GEORGIA

Principal Place of Business 5775-D PEACHTREE DUNWOODY RD. SUITE 108 Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

5775-D PEACHTREE DUNWOODY RD. SUITE 108 ATLANTA GA 30342

Country

TITLE.

NAME

TITLE

NAME

TITLE

NAME

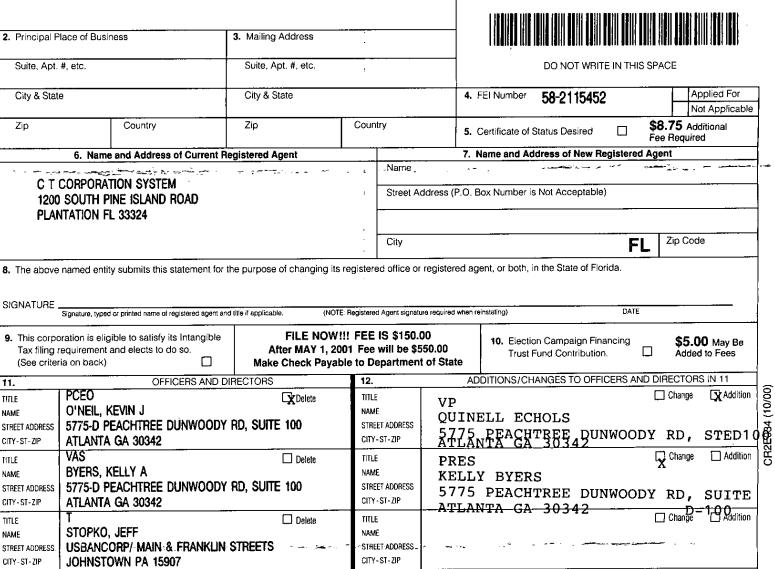
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Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90025 008 ***150.00



CHY-51-ZIP	JUMNOTUWN PA 10907	UI11-31-ZII	
TITLE	V Delete	TITLE	☐ Change ☐ Addition
NAME	CANTRELL, DOROTHY	NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30342	CITY-ST-ZIP	
TITLE	V Delete	TITLE	☐ Change ☐ Addition
NAME	D'ABATE, GREG	NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30342	CITY-ST-ZIP	
TITLE	V Delete	TITLE	☐ Change ☐ Addition
NAME	GREEN, JEAN	NAME	
STREET ADDRESS	5775-D PEACHTREE DUNWOODY RD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30342	CITY-ST-ZIP	A STATE OF THE STA
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 angular my signature shall have the same legal effect as if made under oath; that I am an officer or director			

of the corporation of the receiver of trustee empowered to execute the poort 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF