

2002 UNIFORM BUSINESS REPORT (UBR)

0047017

DOCUMENT # M00000000239

1. Entity Name

NATIONAL MORTGAGE WAREHOUSE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 22 PM 4:03

Principal Place of Business

400 LIPPINCOTT DRIVE
MARLTON NJ 08053

Mailing Address

400 LIPPINCOTT DRIVE
MARLTON NJ 08053

2. Principal Place of Business

301 Lippincott Drive
Suite, Apt. #, etc.

3. Mailing Address

301 Lippincott Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marlton, NJ

City & State

Marlton, NJ

4. FEI Number

52-2190334

Applied For

Not Applicable

Zip

08053

Country

USA

Zip

08053

Country

USA

5. Certificate of Status Desired ☐

\$5.00 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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-04/22/02--01077--020

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, CAMERON 400 LIPPINCOTT DRIVE MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FISHER, GREG 400 LIPPINCOTT DRIVE MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MARTELLA, JOHN 400 LIPPINCOTT DRIVE MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HEDDE, GLENN 400 LIPPINCOTT DRIVE MARLTON NJ 08053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DOYLE, JOSEPH 400 LIPPINCOTT DRIVE MARLTON NJ 08053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONAL CHANGES *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 Lippincott Drive Marlton, NJ 08053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 Lippincott Drive Marlton, NJ 08053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 Lippincott Drive Marlton, NJ 08053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 Lippincott Drive Marlton, NJ 08053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Christopher Black 301 Lippincott Drive Marlton, NJ 08053	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/12/02 (856) 396-3621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #