# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002475

1. Entity Name
UNIMORTGAGE LLC

FILED
01 JUL 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SKADDEN ARPS ATTN: FRED WHITE<br>4 TIMES SQUARE<br>NEW YORK NY 10036 | C/O SKADDEN ARPS ATTN: FRED WHITE<br>4 TIMES SQUARE<br>NEW YORK NY 10036 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8120 Nations Way, Bldg. 200 | 8120 Nations Way, Bldg. 200 |
| Suite, Apt. #, etc.: Suite 201 | Suite, Apt. #, etc.: Suite 201 |
| City & State: JACKSONVILLE, FL. | City & State: Jacksonville, FL. |
| Zip: 32256 / Country: USA | Zip: 32256 / Country: USA |

4. FEI Number: 05-0614464 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name: N/A<br>Street Address (P.O. Box Number is Not Acceptable):<br>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 September 26, 2001**

200004509582--3
-07/31/01--01058--007
*****55.00 *****55.00

| 9. MANAGING MEMBERS / MANAGERS | 10. ADDITIONS / CHANGES |
|---|---|
| TITLE: MANAGING MEMBER AND VICE-CHAIRMAN, AND MEMBER<br>NAME: JAMES V. ROSATI<br>STREET ADDRESS: 671 BOSTON NECK RD.<br>CITY-ST-ZIP: PROVIDENCE, RI 02882 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: MEMBER<br>NAME: FINANCIAL PARTNERSHIP, LLC<br>STREET ADDRESS: BY: JAMES V. ROSATI, MANAGING MEMBER<br>CITY-ST-ZIP: 671 BOSTON NECK RD ~~BOSTON~~, PROVIDENCE, RI., 02882 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: MEMBER, EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER<br>NAME: THOMAS F. HOGG<br>STREET ADDRESS: 408 COMSTOCK PKWY<br>CITY-ST-ZIP: CRANSTON, RI 02921 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: ~~JOHN T. HAYT~~ CHAIRMAN + CHIEF EXECUTIVE OFFICER<br>NAME: JOHN T. HAYT<br>STREET ADDRESS: 8120 NATIONS WAY, Bldg. 200, Ste 201<br>CITY-ST-ZIP: JACKSONVILLE, FL. 32256 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: PRESIDENT AND CHIEF OPERATING OFFICER<br>NAME: PAUL G. DODGE<br>STREET ADDRESS: 8120 NATIONS WAY, Bldg. 200, Ste 201<br>CITY-ST-ZIP: JACKSONVILLE, FL 32256 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: EXECUTIVE VICE PRESIDENT<br>NAME: CHARLES H. WALLACE, JR.<br>STREET ADDRESS: 8120 NATIONS WAY BLDG. 200, Ste 201<br>CITY-ST-ZIP: JACKSONVILLE, FL. 32256 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |

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: JOHN T. HAYT CHAIRMAN AND CHIEF EXECUTIVE OFFICER 7/5/01 904-332-7699 ~~401-521-1000~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)