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 4 TIMES SQUARE NEW YORK NY 10036	C/O SKADDEN ARPS ATTN: FRED WHITE 4 TIMES SQUARE 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 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: N/A 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

STAPLE CHECK HERE

CR2E083 (5/01)

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: ~~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 #