

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000806

FILED
Jan 03, 2003
Secretary of State

Entity Name: OBERLIN FINANCIAL MORTGAGE GROUP, LLC

Current Principal Place of Business:

209 NORTH MAIN STREET
BRYAN, OH 43506

New Principal Place of Business:

Current Mailing Address:

209 NORTH MAIN STREET
BRYAN, OH 43506

New Mailing Address:

FEI Number: 34-1931233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPLIANCE CONSULTING CORPORATION OF FLORIDA
521 LAKE AVENUE, STE 4
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OBERLIN III, EARL C
Address: 127 COUNTRY CLUB RD
City-St-Zip: BRYAN, OH 43506

Title: COO (X) Delete
Name: HOFBAUER, THOMAS
Address: 402 OAK BRANCH
City-St-Zip: BRYAN, OH

Title: D () Delete
Name: BENEDICT, PAMELA K
Address: 103 TROON COURT
City-St-Zip: BRYAN, OH

Title: P (X) Delete
Name: POWERS, JILL
Address: 103 TROON COURT
City-St-Zip: BRYAN, OH 43506

Title: CFO (X) Delete
Name: HESS, STEPHEN
Address: 139 DEERFIELD CIRCLE
City-St-Zip: BRYAN, OH

Title: V () Delete
Name: FRANCISCO, CRAIG
Address: 535 PARKVIEW AVENUE
City-St-Zip: BRYAN, OH 43506

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BENEDICT, PAMELA K
Address: 103 TROON COURT
City-St-Zip: BRYAN, OH

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FRANCISCO, CRAIG
Address: 535 PARKVIEW AVENUE
City-St-Zip: BRYAN, OH 43506

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PAMELA K BENEDICT

MGR

01/03/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date