## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am Secretary of State DOCUMENT # M01000002158 05-07-2002 90387 029 \*\*\*\*50.00 MBS MORTGAGE COMPANY, LLC Principal Place of Business Mailing Address 28411 NORTHWESTERN HWY., STE. 1350 28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034 SOUTHFIELD MI 48034 955772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3434794 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DREWS, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 2400 E. COMMERCIAL BLVD., STE. 815 FT. LAUDERDALE FL 33308 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES S TITLE □ Delete TITLE ☐ Change ☐ Addition NAME TEWELES, JOHN NAME STREET ADDRESS 2828 KRAFT AVE., SE, STE. 172 STREET ADDRESS CITY-ST-ZIP **GRAND RAPIDS MI 49512** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCARTIN, MARK E NAME STREET ADDRESS 28411 NORTHWESTERN HWY., STE. 1350 STREET ADDRESS CITY-ST-ZIP SOUTHFIELD MI 48034 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME DREWS, MICHAEL W STREET ADDRESS 2400 E. COMMERCIAL BLVD., STE. 815 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME MACCAGNONE, JEFFERY T ☐ Addition NAME STREET ADDRESS 28411 NORTHWESTERN HWY., STE. 1350 STREET ADDRESS CITY-ST-ZIP SOUTHFIELD MI 48034 CITY-ST-ZIP TITLE CD ☐ Delete TIT! E ☐ Addition NAME MACCAGNONE, DAVID T NAME STREET ADDRESS 28411 NORTHWESTERN HWY., STE. 1350 STREET ADDRESS CITY-ST-ZIP SOUTHFIELD MI 48034 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

CITY-ST-ZIP

SIGNATURE:

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