2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
04-28-2003 90445 045 ****50.00

DOCUMENT # M01000002158

1. Entity Name
MBS MORTGAGE COMPANY, LLC

44001815

Principal Place of Business	Mailing Address
28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034	28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
24280 Woodward	24280 Woodward
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pleasant Ridge, MI	City & State: Pleasant Ridge, MI
Zip: 48069 Country: USA	Zip: 48069 Country: USA

4. FEI Number 38-3434794 ☐ 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
DREWS, MICHAEL W 2400 E. COMMERCIAL BLVD., STE. 815 FT. LAUDERDALE FL 33308	Name: Drews, Michael W. Street Address (P.O. Box Number is Not Acceptable): 2400 E. Commercial Blvd., Suite 812 City: Ft. Lauderdale FL Zip Code: 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David T. Maccagnone — 4-24-03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TEWELES, JOHN 2828 KRAFT AVE., SE, STE. 172 GRAND RAPIDS MI 49512	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Teweles, John 2828 Kraft Avenue, SE, Suite 172 Grand Rapids, MI 49512	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCARTIN, MARK E 28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DREWS, MICHAEL W 2400 E. COMMERCIAL BLVD., STE. 815 FT. LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Drews, Michael W. 2400 E. Commercial Blvd., Suite 812 Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACCAGNONE, JEFFERY T 28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maccagnone, Jeffrey T. 24280 Woodward Pleasant Ridge, MI 48069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MACCAGNONE, DAVID T 28411 NORTHWESTERN HWY., STE. 1350 SOUTHFIELD MI 48034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Maccagnone, David T. 24280 Woodward Pleasant Ridge, MI 48069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: David T. Maccagnone SIGNATURE REQUIRED — 5-12-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #