

2001 UNIFORM BUSINESS REPORT (UBR)

0027498 AF

DOCUMENT # M96000000085

1. Entity Name
DECISION ONE MORTGAGE COMPANY, LLC, L.C.

FILED

01 FEB 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6060 J.A. JONES DRIVE
CHARLOTTE NC 28287

Mailing Address

6060 J.A. JONES DRIVE
CHARLOTTE NC 28287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1960744

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

300003743963-3
-02/20/01--01103--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME J C FAULKNER, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME WILLIAM A. MARKWAT, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME PARKES C. DIBBLE, JR. INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME TOD E. HIGHFIELD, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME JAMES C. TARULLI INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM ☒ Delete
NAME J. C. FAULKNER, INC.
STREET ADDRESS 6060 J.A. JONES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28287

TITLE ☐ Change ☒ Addition
NAME Sr VP & Asst. Secretary
Michael A. Deluca
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)