

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000022

1. Entity Name

WALKER & DUNLOP GP, LLC

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90174 035 ****50.00

Principal Place of Business

7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814

Mailing Address

7500 OLD GEORGETOWN ROAD, SUITE 800
BETHESDA MD 20814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2002612

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

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

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WALKER, MALLORY
STREET ADDRESS 7500 OLD GEORGETOWN ROAD, SUITE 800
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE MGR ☐ Delete
NAME GAYNOR, MITCHELL M
STREET ADDRESS 7500 OLD GEORGETOWN ROAD, SUITE 800
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE MGR ☐ Delete
NAME YAVINSKY, MERRILL A
STREET ADDRESS 7500 OLD GEORGETOWN ROAD, SUITE 800
CITY-ST-ZIP BETHESDA MD 20814

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME Christopher S. Lynch
STREET ADDRESS 7500 Old Georgetown Road, Suite 800
CITY-ST-ZIP Bethesda, MD 20814

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Signature Required

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

Date

Daytime Phone #

9/24/02

301 245 5500

CR2E083 (4/02)