2000 UNIFORM BUSINESS REPORT (UBR)

001592O AB

DOCUMENT # M97000000873

1. Entity Name

KPT MORTGAGE LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 FEB 29 PM 12:08

Principal Place of Business	Mailing Address
11000 REGENCY PARKWAY, SUITE 300 CARY NC 27511	11000 REGENCY PARKWAY, SUITE 300 CARY NC 27511-8518

DO NOT WRITE IN THIS SPACE

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 56-2068944 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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

MJ 3/9/00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	MEMBER	☒ Change ☐ Addition
NAME	KPT PROPERTIES, L.P.		NAME	KPT PROPERTIES, L.P.	
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300		STREET ADDRESS	11000 Regency Parkway, Suite 300	
CITY-ST-ZIP	CARY NC 27511		CITY-ST-ZIP	CARY, NC 27511	
TITLE	MEM	☒ Delete	TITLE	MANAGER	☒ Change ☐ Addition
NAME	FAC MORTGAGE FORMATION, INC.		NAME	KPT MORTGAGE FORMATION, INC.	
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300		STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300	
CITY-ST-ZIP	CARY NC 27511		CITY-ST-ZIP	CARY, NC 27511	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	400003169834--9	
STREET ADDRESS			STREET ADDRESS	-03/14/00--01118--009	
CITY-ST-ZIP			CITY-ST-ZIP	*****55.00 *****55.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/99)

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 Rob W. Wolfing, EVP of member — 2/15/00 — 919-462-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #