FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # M9800000469 1. Entity Name 04-07-2002 90067 015 ****55.00 SOUTHSTAR FUNDING, LLC Principal Place of Business Mailing Address 400 NORTHRIDGE RD. SUITE 1120 400 NORTHRIDGE RD. SUITE 1120 ATLANTA GA 30350 ATLANTA GA 30350 R0054725 2. Principal Place of Business 3. Mailing Address 11 Raven Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . City & State Applied For 4. FEI Number NOT APPLICABLE illa Rica, Not Applicable Žip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 30180 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE MGRM ☐ Change X Addition ₹ Delete TITLE Norden, Peter R. NAME GORE, NATHANIEL S 1 Paragon Dr., Suite 255 STREET ADDRESS STREET ADDRESS % 1 PARAGON DR., SUITE 255 07645 CITY-ST-ZIP CITY-ST-ZIP Montvale, NJ MONTVALE NJ 07645 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME NAME LEVINE, MARTIN J STREET ADDRESS STREET ADDRESS % 1 PARAGON DR., SUITE 255 CITY-ST-ZIP CITY-ST-ZIP MONTVALE NJ 07645 Change TITLE ☐ Delete TITLE ☐ Addition MGRM NAME NAME SMITH, KIRK K STREET ADDRESS STREET ADDRESS 400 NORTHRIDGE RD., STE. 1120 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30350 TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition TITLE NAME SMITH, BRIAN P NAME STREET ADDRESS STREET ADDRESS 400 NORTHRIDGE RD, SUITE 1120 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30350 MGRM TITLE MGRM ☐ Delete TITLE X Change Addition NAME NAME Poupart, Carol POUPARY, CAROL STREET ADDRESS STREET ADDRESS 400 Northridge Rd., Suite 1120 400 NORTHRIDGE RD. SUITE 1120 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30350 Atlanta, GA 30350 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME TAYLOR, FLOYD STREET ADDRESS STREET ADDRESS 11 RAVEN RD. CITY-ST-ZIP CITY-ST-ZIP VILLA RICA GA 30180

Floyd Taylor MGRM 770-459-8525 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.