

*** Amended ***
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M98000001178

1. Entity Name

Molton, Allen & Williams Mortgage Company

02 JUL 25 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10472 Armstrong St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fairfax, VA

City & State

Zip

22030

Country

USA

Zip

Country

4. FEI Number

54-1916465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

12010 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

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-07/26/02--01034--025

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR, CEO change
NAME Kevin J. Ryan
STREET ADDRESS 10472 Armstrong Street
CITY-ST-ZIP Fairfax, VA 22030

TITLE Member and President addition
NAME Patrick M. Sheehy
STREET ADDRESS 10472 Armstrong Street
CITY-ST-ZIP Fairfax, VA 22030

TITLE Cynthia J.
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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:

Cynthia J. Benedick 7/17/02 (703) 359-5611

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

Date

Daytime Phone #