2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100003800

City-St-Zip:

Entity Name: EQUITABLE MORTGAGE ASSOCIATES, INC.

FILED Sep 10, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 800652 20801 BISCAYNE BLVD. AVENTURA, FL 33280 SUITE 403 US AVENTURA, FL 33180 US **Current Mailing Address: New Mailing Address:** P.O. BOX 800652 AVENTURA, FL 33280 US FEI Number: 65-1106114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINTON, DEIRDRE E CEO HINTON, DEIRDRE E CEO 19376 EAST COUNTRY CLUB DRIVE 20225 N.E. DELVISTA COURT AVENTURA, FL 33180 **UNIT 2514** AVENTURA, FL 33180 US 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: DEIRDRE E. HINTON 09/10/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition HINTON, DEIRDRE E Name: Name: Address: Address: 20225 NE DELVISTA COURT UNIT 2514 City-St-Zip: City-St-Zip: AVENTURA, FL 33180 US Title: Title: () Change (X) Addition () Delete Name: Name: EQUITABLE MORTGAGE A, SSOCIATES, INC . Address: Address: 1717 K STREET, NW SUITE 600 City-St-Zip: City-St-Zip: WASHINGTON, DC 20036 US Title: () Delete Title: () Change (X) Addition Name: HINTON, LISA M Name: 18806 WALKER'S CHOICE RD #6 Address: Address: City-St-Zip: City-St-Zip: GAITHERSBURG, MD 20879 US Title: () Delete Title: () Change (X) Addition Name: Name: SILLS, MICHAEL J 3461 NW 3RD ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

FORT LAUDERDALE, FL 33311 US

SIGNATURE: DEIRDRE E. HINTON CEO 09/10/2002