


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90039 025 \*\*\*150.00

<b>DOCUMENT # P23660</b> 1. Entity Name <b>UNITED GUARANTY MORTGAGE INDEMNITY COMPANY</b>					
Principal Place of Business <b>230 N ELM STREET GREENSBORO, NC 27401</b>			Mailing Address <b>230 N ELM STREET GREENSBORO, NC 27401</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NUTT WILLIAM, VIRDEN JR</b> <b>230 N ELM STREET</b> <b>GREENSBORO, NC</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRAY, RICHARD LYNN</b> <b>230 N ELM STREET</b> <b>GREENSBORO, NC</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILLIAMS, FLOYD LEE</b> <b>230 N ELM STREET</b> <b>GREENSBORO, NC</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>LEONARD, LUTHER GARY</b> <b>230 N ELM STREET</b> <b>GREENSBORO, NC</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VTD</b> <b>Waddell, Hal Gordon III</b> <b>230 N. Elm St.</b> <b>Greensboro, NC 27401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREENBERG, MAURICE RAY</b> <b>70 PINE STREET</b> <b>NEW YORK, NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTHEWS, EDWARD EASTON</b> <b>70 PINE STREET</b> <b>NEW YORK, NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    	
12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Floyd L. Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/16/04</u> <u>336-3330247</u> <small>Date Daytime Phone #</small>		

54019626



03152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**42-0994960**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**FL**

Zip Code

27401

27401

27401

10270

10270