FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P30176 1. Entity Name 04-23-2002 90319 046 \*\*\*150 FINANCIAL PROTECTION MARKETING, INC. Principal Place of Business Mailing Address 55155 N SHADELAND AVE P.O. BOX 501670 INDIANAPOLIS IN 46226 INDIANAPOLIS IN 46250-3670 US Principal Place of Busines: 3. Mailing Address 2801 Hwy. 280, South 2700 Wudiff Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Ste.10</u> 1-3L 4. FEI Number Applied For Birminaham 35-1349213 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired I)SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** Zip Code City 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME SCHULTZ, STEVEN A STREET ADDRESS 2801 HWY 280, S. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BIRMINGHAM AL 35223** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DEFOOR, JERRY W. STREET ADDRESS STREET ADDRESS 2801 HWY 280 S CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** ☐ Delete TITLE ☐ Change ☐ Addition TITLE VPOD NAME NAME GRIGGS, BRENT E STREET ADDRESS STREET ADDRESS 2801 HWY 280 S CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** ☐ Change ☐ Addition TITLE ☐ Delete TITLE **VP** NAME HASTINGS, LISA STREET ADDRESS STREET ADDRESS 2700 WYCLIFF ROAD, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP RALEIGH NC 27607 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PRESLEY, T. MICHAEL STREET ADDRESS STREET ADDRESS 2801 HWY 280 S. CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35223** TITLE Delete TITLE ☐ Change ☐ Addition VSTD NAME MCMULLEN, WILLIAM L JR NAME STREET ADDRESS STREET ADDRESS 2801 HWY 280 S

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

BIRMINGHAM AL 35223

CITY-ST-ZIP

-OUISTEVEN A. SIGNATURE AND TYPED OR PRINTED NAM SIGNING OFFICER OR DIRECTOR