FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30436 (0)

1. Corporation Name
UNITED COMPANIES LENDING CORPORATION

Principal Place of Business	Mailing Address
4041 ESSEN LANE P. O. BOX 1591 BATON ROUGE LA 70809 US	ATTN: LEGAL COMPLIANCE P.O. BOX 1591 BATON ROUGE LA 70821-1591 US

3. Date Incorporated or Qualified: 08/06/1990	3a. Date of Last Report: 02/29/1996
4. FEI Number: 72-1168195	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, J. TERRELL	1.2 NAME	
STREET ADDRESS	4041 ESSEN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARGON, C. GERON	2.2 NAME	
STREET ADDRESS	4041 ESSEN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, SHERRY	3.2 NAME	
STREET ADDRESS	4041 ESSEN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, LAURA T.	4.2 NAME	
STREET ADDRESS	4041 ESSEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REDMAN, DALE E	5.2 NAME	
STREET ADDRESS	4041 ESSEN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	5.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	6.1 TITLE V	☐ Change ☒ Addition
NAME	~~FREEMAN, DOUGLAS L~~	6.2 NAME	Michaela Albon
STREET ADDRESS	4041 ESSEN LANE	6.3 STREET ADDRESS	4041 Essen Lane
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	Baton Rouge, LA 70737

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michaela Albon, Vice President 2/20/97 800-766-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #