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FILED

Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30436** (0)

1. Corporation Name

**UNITED COMPANIES LENDING CORPORATION**

Principal Place of Business

4041 ESSEN LANE  
P. O. BOX 1591  
BATON ROUGE LA 70809  
US

Mailing Address

ATTN: LEGAL COMPLIANCE  
P.O. BOX 1591  
BATON ROUGE LA 70821-1591  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

☐ DELETE

NAME

BROWN, J. TERRELL

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

TITLE

PD

☐ DELETE

NAME

HARGON, C. GERON

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

TITLE

S

☐ DELETE

NAME

ANDERSON, SHERRY

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

TITLE

T

☐ DELETE

NAME

MARTIN, LAURA T.

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

TITLE

D

☐ DELETE

NAME

REDMAN, DALE E

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

TITLE

V

☐ DELETE

NAME

ALBON, MICHAELA

STREET ADDRESS

4041 ESSEN LANE

CITY-ST-ZIP

BATON ROUGE LA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

REQUIRED

Michaela Albion, Vice President 1/5/98 800-766-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0515878

CR2E034 (10/97)