SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36028** **(9)**

1. Corporation Name

UNITED MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
SUITE 1000 8300 NORMAN CENTER DRIVE BLOOMINGTON MN 55437	SUITE 1000 8300 NORMAN CENTER DRIVE BLOOMINGTON MN 55437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1991**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **41-1248745** ☐ 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 (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): 10089 Willow Creek Rd.
Suite, Apt. #, etc. (27): Attn: Tax Dept #24400
City & State (28): San Diego, CA 92131
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	WIKNER, ROGER J	12 NAME	James G. Jones	
STREET ADDRESS	501 BUSHWAY RD	13 STREET ADDRESS	555 California Street	
CITY-ST-ZIP	WAYZATA MN	14 CITY-ST-ZIP	San Francisco CA 94104	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	CARLSON, JOHN W.	22 NAME		
STREET ADDRESS	8300 NORMAN CENTER DRIVE	23 STREET ADDRESS	Delete	
CITY-ST-ZIP	BLOOMINGTON MN	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MATHISEN, DENNIS	32 NAME	~~Grey, John E~~ Abreu, Nancy M.	
STREET ADDRESS	850 PLEASANT VIEW RD	33 STREET ADDRESS	50 California St.	
CITY-ST-ZIP	CHANHASSEN MN	34 CITY-ST-ZIP	San Francisco CA 94111	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MANDRELL, RICK E	42 NAME	Quigg, Thomas E.	
STREET ADDRESS	129 ORMOND AVE.	43 STREET ADDRESS	555 California Street	
CITY-ST-ZIP	INDIALANTIC FL	44 CITY-ST-ZIP	San Francisco CA 94104	
TITLE	D	51 TITLE	S	☒ Change ☐ Addition
NAME	WINKEL, MATTHEW	52 NAME	Cheryl A. Sorokin	
STREET ADDRESS	2632 GOODVIEW AVE N	53 STREET ADDRESS	555 California Street	
CITY-ST-ZIP	OAKDALE MN	54 CITY-ST-ZIP	San Francisco CA 94104	
TITLE	SVP	61 TITLE	AS	☒ Change ☐ Addition
NAME	HOLM, JUDY K	62 NAME	Lundgren, Christine R.	
STREET ADDRESS	8300 NORMAN CENTER DRIVE	63 STREET ADDRESS	555 California Street	
CITY-ST-ZIP	BLOOMINGTON MN	64 CITY-ST-ZIP	San Francisco CA 94104	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cheryl A. Sorokin, Secretary 7/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102138 FN