FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am DOCUMENT # P93000035864 **Secretary of State** 1. Entity Name 02-12-2002 90113 023 ***150.00 ACCESS MORTGAGE CORPORATION Principal Place of Business Mailing Address 11 RACE TRACK RD NE 11 RACE TRACK RD NE FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 City Zip Code 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, 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 Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change ¬☐ Addition Secretary BROWN, ROBERT JR. NAME NAME Karen Lawrence 1001 SHALIMAR PT DRIVE CR2E034 STREET ADDRESS STREET ADDRESS 11 Racetrack Rd, NE, Bldg G CITY-ST-ZIP SHALIMAR FL 32579 CITY - ST- ZIP Fort Walton Beach, FL 32547 Change Delete TITLE **EVP** TITLE ☐ Addition NAME earl J. Clark NAME STREET ADDRESS 233 NW THOMAS CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT WALTON BEACH FL TITLE ☐ Delete TITLE Change NAME ROBERT L. BROWN NAME STREET ADDRESS 1004 SHALIMAR PT DR STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CAROLE L. SIMPSON NAME STREET ADDRESS 5852 WARD RANCH RD STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME Brenda N. Sluschewski NAME STREET ADDRESS 2550 ERWIN FLEET RD STREET ADDRESS CITY-ST-ZIP SHALIMAR FL 32579 CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 of gustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachme

bert L. Brown Jul 25/02