FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am P94000011350 DOCUMENT # Secretary of State 1. Entity Name 02-26-2002 90062 036 ***155.00 HERITAGE HOME FINANCE CORPORATION Principal Place of Business Mailing Address 200 S. ORANGE AVENUE 108 PARK PLACE BLVD. KISSIMMEE FL 34741 **SUITE 2300** ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3223417 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 A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE **SUITE 2300** ORLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 12. (9/01) TITLE ☐ Delete TITLE Change KOON, DAVID A Daryl L. Bush NAME NAME 108 Park Place Black 110 PARK PLACE BOULEVARD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-7IP 16795: mmax, 156 34741 TITLE ☐ Delete TITLE ☐ Addition MILLER, HARRY R NAME NAME STREET ADDRESS 110 PARK PLACE BOULEVARD STREET ADDRESS CITY-ST-ZIP **KISSIMMEE FL 34741** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MILLER, FRED NAME STREET ADDRESS 110 PARK PLACE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 if changed, or on an attachment with ay address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 /4/02 Date