2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9500060497 May 09, 2000 8:00 am 1. Entity Name Secretary of State CONTINENTAL MORTGAGE TRADING CORPORATION 05-09-2000 90004 022 ***150.00 Principal Place of Business Mailing Address 386 Magnolia Tree Terrace 560 Magnolia Tree Terrace SABASOTA FL 34233 SARASOTA EL 34233-3280... 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SARASUTA, FL Applied For City & State 4. FEI Number 65-0602145 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ACASO THA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARRY, CARTER H JR Street Address (P.O. Box 14-1111 Not Acceptable) 1001 3RD AVE. WEST, SUITE 350 BARNETT BANK CENTER **BRADENTON FL 34205** 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. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE ☐ Delete NEESE, JACK H JR. NAME MAME 6221 DONNINGTON COURT SANASITA, FL 34238 STREET ADDRESS STREET ADDRESS -5588 MAGNOLIA TREE TERRACE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Addition TITLE ☐ Delete TITLE Judith R. Neese 5500 Magnolia tree terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL-34233 CITY-ST-ZIP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 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 an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 941-923-2082