FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 14, 2001 8:00 am Secretary of State **DOCUMENT #** P96000011276 1. Entity Name TRI-STONE MORTGAGE CORPORATION 09-14-2001 90027 019 ***550.00 Principal Place of Business Mailing Address 150 EAST PALMETTO PARK ROAD 150 EAST PALMETTO PARK ROAD STE 400 STE 400 **BOCA RATON FL 33432 BOCA RATON FL 33432** 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 65-0647626 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUERBACHER, STEVEN M PA Street Address (P.O. Box Number is Not Acceptable) 150 EAST PALMETTO PARD ROAD STE 400 **BOCA RATON FL 33432** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME MANDOR, LEONARD NAME STREET ADDRESS 150 E PALMETTO PARK RD STE 400 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP ☐ Delete TITLE Change ' ☐ Addition NAME MANDOR, ROBERT NAME STREET ADDRESS 150 E PALMETTO PARK RD STE 400 STREET ADDRESS CITY-ST-7IP BOCA RATON FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ZUCKER, MICHAEL NAME STREET ADDRESS 150 E PALMETTO PARK RD STE 400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 a frustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #