2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P97000089585 DOCUMENT# 1. Entity Name **Secretary of State** AXXESS MORTGAGE GROUP, INC. Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD 7000 WEST PALMETTO PARK ROAD SUITE 220 SUITE 220 BOCA RATON FL BOCA RATON FL 33433 33433 2. Principal Place of Business 3. Mailing Address 7000 W PALMETTO PARK RD 7000 W PALMETTO PARK RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 220 STE 220 City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON 65-0788896 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33433 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGAL BARRY HILLS 7000 WEST PALMETTO PARK ROAD SUITE 402 Street Address (P.O. Box Number is Not Acceptable) 7000 W PALMETTO PARK RD BOCA RATON STE 220 33433 US City Zip Code BOCA RATON 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. 09/12/2001 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 \$150.00 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition MAME HILLS WILLIAM G NAME HILLS BILL 7000 W PALMETTO PARK RD STE 220 STREET ADDRESS STREET ADDRESS 7000 W PALMETTO PARK RD STE 220 CITY-ST-ZIP BOCA RATON FL 33433 CITY-ST-ZIP 33433 ☐ Delete TITLE ☐ Change 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 Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

PRES

09/12/2001

Daytime Phone #

Date

BILLHILLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _