FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am secretary of State DOCUMENT #" P98000075933 1. Entity Name MORTGAGE SUBSIDIARY, INC. 05-08-2002 90090 038 ***150.00 Principal Place of Business Mailing Address 1155 S SEMORAN BLVD 1155 S SEMORAN BLVD STE 1120 STE 1120 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 59-3531783 Not Applicable Zip Country Zip 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 Igor Teplitsky STEPHAN, REINHARD G Address (P.O. Box Number is Not Acceptable) 5 S. Semoran Blvd, Suite 2699 LEE ROAD STE 540 WINTER PARK FL 32789 Winter Park 8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida IGOR TEPLITERY REC TOR SIGNATURE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITI È TEPLITSKY, LILLIAN NAME NAME STREET ADDRESS 1155 S SEMORAN BLVD, STE 1120 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP **XX**Addition TITLE ☐ Delete TITLE Director ☐ Change NAME NAME Igor Teplitsky 1155 S. Semoran Blvd, Ste 1120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Winter Park, FL 32792 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE 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

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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the received