2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 17, 2001 08:00 AM P99000069825 DOCUMENT # Entity Name **Secretary of State** SELFMORTGAGE.COM, INC Principal Place of Business Mailing Address 111 MARTESIA WAY 111 MARTESIA WAY INDIAN HARBOUR FL INDIAN HARBOUR FL32937 32937 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 59-3591214 Not Applicable Zip Country 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 PLAAG DEBORAH 111 MARTESIA WAY Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOUR FL32937 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. DEBORAH G. PLAAG 01/17/2001 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME SADLER PAUL STREET ADDRESS STREET ADDRESS 509 HUNTCLIFF VILLAGE CT CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA☐ Delete TITLE coo ☐ Change X Addition NAME NAME YOUNG FORREST STREET ADDRESS STREET ADDRESS 6310 CHASTAIN DRIVE CITY-ST-ZIP CITY-ST-ZIP ATLANTA 30342 GA ☐ Delete TITLE CEO X Change ☐ Addition DEBORAH NAME DEBORAH PLAAG STREET ADDRESS 111 MARTESIA WY STREET ADDRESS 111 MARTESIA WY CITY-ST-ZIP SATELLITE BEACH 32937 CITY-ST-ZIP SATELLITE BEACH 32937 FL. Delete TITLE Change ☐ 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 ☐ 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.

SIGNATURE: DEBORAH G. PLAAG CEO 01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #