2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2001 8:00 am
Secretary of State
02-02-2001 90251 042 ****61.25

DOCUMENT # F98000005838

1. Entity Name

SIGMA KAPPA NATIONAL HOUSING CORPORAITON

Principal Place of Business	Mailing Address
8733 FOUNDERS ROAD INDIANAPOLIS IN 46268	8733 FOUNDERS ROAD INDIANAPOLIS IN 46268

30208

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-1913455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOPER, JANE 9230 EVERWOOD STREET ORLANDO FL 32825	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Kelly M. Semrau President 1/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS FENTERS, BARBARA 1411 EAST DANA PLACE FULLERTON CA 92831	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEMRAU, KELLY SHIPP 340 COUNTRY LANE GLENVIEW IL 60025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEMRAU, KELLY SHIPPS 340 COUNTRY LANE GLENVIEW IL 60025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWEIKHARDT, JUDIE MCKAY 4227 NE 94TH SEATTLE WA 98115	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHWEIKHARDT, JUDIE MCKAY 4227 NE 94TH SEATTLE WA 98115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SROFE, CAROLYN MCDONALD 8849 MONTGOMERY ROAD CINCINNATI OH 45236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARNES, SHEILA P.O. BOX 1397 ASHEBORO NC 27204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS FENTERS, BARBARA 1411 EAST DANA PLACE FULLERTON CA 92831	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER JESKEY, LYNN 1523 BANBURY AVE ST CHARLES IL 60174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATTIMORE, MARY ANN 105 LONDON ROAD LAWNDALE NC 28090	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, SHERYL M 1149 EAST GREENWOOD SPRINGFIELD MO 65807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINES, RUTH 42330 ADAMS STREET BERMUDA DUNES CA 92201	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kelly M. Semrau 2/28/01 847.657.1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #