

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0081563

DOCUMENT # 727253

02-11-2002 90158 014 ****70.00

1. Entity Name

NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

8201 GREENSBORO DR.
 SUITE 300
 MCLEAN VA 22102
 US

Mailing Address

8201 GREENSBORO DR.
 SUITE 300
 MCLEAN VA 22102
 US

404339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1673989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	P	<input type="checkbox"/> Delete
NAME	FENDLY, NEILL	
STREET ADDRESS	3550 N. CENTRAL, #1205	
CITY-ST-ZIP	PHOENIX AZ 85012	
TITLE	PE	<input type="checkbox"/> Delete
NAME	FALK, JOSEPH L	
STREET ADDRESS	1700 MICANOPY AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSENZA, ARMAND W JR	
STREET ADDRESS	28451 CURTIS WRIGHT PARKWAY, #106	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSE, ANN C	
STREET ADDRESS	20501 VENTURA BLVD., #280	
CITY-ST-ZIP	WOODLAND HILLS CA 91364	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESMOND, DOROTHY	
STREET ADDRESS	4606 OLD GRAND	
CITY-ST-ZIP	GURNEE IL 60031	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMBRUSTER, BOB	
STREET ADDRESS	2402 MT. VERNON ROAD, SUITE 100	
CITY-ST-ZIP	ATLANTA GA 30338	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (703) 610-1262

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT DOC # 727253



National Association of Mortgage Brokers

2001/2002 BOARD OF DIRECTORS

404339

PRESIDENT

Joseph L. Falk, CMC, CRMS
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SECRETARY

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