

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001283

Entity Name: UNION PLUS MORTGAGE COMPANY**Current Principal Place of Business:**305 FELLOWSHIP RD
SUITE 230
MT LAUREL, NJ 08054**Current Mailing Address:**305 FELLOWSHIP RD.
SUITE 230
MT. LAUREL, NJ 08054 US**FEI Number:** 81-4090141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN, DIRECTOR
Name	NEFF, CHRISTYNE L
Address	815 16TH ST, NW
City-State-Zip:	WASHINGTON DC 20006

Title	PRESIDENT, CEO, DIRECTOR
Name	BARBER, JAMES B
Address	305 FELLOWSHIP RD. SUITE 230
City-State-Zip:	MT. LAUREL NJ 08054

Title	SECRETARY, DIRECTOR
Name	STEVENS, MITCHELL J
Address	1100 FIRST ST NE, STE 850
City-State-Zip:	WASHINGTON DC 20002

Title	TREASURER
Name	GOLDSMITH, STEPHEN L
Address	1100 FIRST ST NE, STE 850
City-State-Zip:	WASHINGTON DC 20002

Title	VP
Name	CUSH, MICHAEL Q
Address	305 FELLOWSHIP RD SUITE 230
City-State-Zip:	MT LAUREL NJ 08054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES B. BARBER**AUTHORIZED
SIGNATORY****05/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date