

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90127 047 ***150.00

DOCUMENT # F01000001387

1. Entity Name

BANKERS EXPRESS MORTGAGE, INC.

Principal Place of Business

**21755 VENTURA BLVD
 SUITE 109
 WOODLAND HILLS CA 91364**

Mailing Address

**21755 VENTURA BLVD
 SUITE 109
 WOODLAND HILLS CA 91364**

2. Principal Place of Business

26010 Murenu Road

3. Mailing Address

26010 Murenu Rd

Suite, Apt. #, etc.

130

Suite, Apt. #, etc.

130

City & State

Calabasas, CA

City & State

Calabasas, CA

4. FEI Number

95-4706325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
 236 E 6TH AVE
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **DPS** Delete
 NAME: **O'SHAUGHNESSY, BRIAN P**
 STREET ADDRESS: **21755 VENTURA BLVD SUITE 109**
 CITY-ST-ZIP: **WOODLAND HILLS CA 91364**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
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TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **26010 MURENU Rd, #130**
 CITY-ST-ZIP: **CALABASAS, CA. 91302**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 affidavit, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2002

Date

818-880-4444

Phone #

X 236

CR2E034 (9/01)