

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006362

1. Entity Name

Mortgage Lenders Network USA, Inc.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90055 028 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business
 213 Court Street

3. Mailing Address
 213 Court Street

Suite, Apt. #, etc.
 11th Floor

Suite, Apt. #, etc.
 11th Floor

City & State
 Middletown, CT

City & State
 Middletown, CT

4. FEI Number
 06-1467394

Applied For
 Not Applicable

Zip
 06457

Country
 US

Zip
 06457

Country
 US

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edwin F. Blanton, Esq.
 825 Thomasville Road
 Tallahassee, FL 32303

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME DCPS
 STREET ADDRESS Mitchell Heffernan
 CITY-ST-ZIP 95 Cove Road
 Lyme, CT 06371

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 STREET ADDRESS Randal S. Roberge
 CITY-ST-ZIP 27 Regency Court
 Bristol, CT 06010

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 STREET ADDRESS Lester WM Firstenberger
 CITY-ST-ZIP 6 Daniel Shays Road
 Hopkinton, MA 01748

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

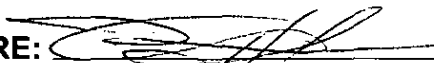
TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:  Mitchell L. Heffernan 4/11/2000 860-344-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 President + CEO

CR2E034 (9/99)