

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 018 ***150.00

DOCUMENT # *PD1000100459*
1. Entity Name
HOPE FINANCIAL MORTGAGE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
744 River Dr.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bettendorf, IA

City & State

4. FEI Number
42-1505096

Applied For
Not Applicable

Zip
52722

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas S. Rutherford

Street Address (P.O. Box Number is Not Acceptable)
11016 N. Dale Mabry Hwy.

Suite
201

City
Tampa, FL 33618-3802 **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 

Thomas S. Rutherford **3/31/02**

Signature, typed or printed name of registered agent and title 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Judith L. Thomas
STREET ADDRESS
744 River Dr.
CITY - ST - ZIP
Bettendorf, IA 52722

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
Secretary
NAME
Judith L. Thomas
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
Director
NAME
Judith L. Thomas
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
Judith L. Thomas, President

3/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)