RI SOS Filing Number: 200945658470 Date: 05/08/2009 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
74973	CMC OREO, INC.			
3. Street Address Principal Business Office		City	State	Zip
901 SEMMES AVENUE		RICHMOND	VA	23224
4. Business Phone No.	5. State of Incorporation			
404-813-6735	VIRGINIA			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ACCEPT ASSIGNMENT OF MORTGAGE LOANS AND TO ACQUIRE, OWN, LEASE AND DISPOSE OF REAL ESTATE & PROP.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBERT S. REYNOLDS			JACKIE W. BALLOS		
Street Address			Street Address		
901 SEMMES AVENUE			901 SEMMES AVENUE		
City	State	Zip	City	State	Zip
RICHMOND	VA	23224	RICHMOND	VA	23224
Secretary Name			Treasurer Name		
HASANA R. KELLY			NONE		
Street Address			Street Address		
303 PEACHTREE STREET NE					
City	State	Zip	City	State	Zip
ATLANTA	GA	30308			

2009 MAY -8 PM 10:00

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
STERLING EDMUNDS, JR.					
Street Address			Street Address		
901 SEMMES AVENUE					
City	State	Zip	City	State	Zip
RICHMOND	VA	23224			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	COMMON	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED
MAY 08 2009
By JMD

File Date
Check No. 10.00 29-88963
By:

FOR SECRETARY OF STATE USE ONLY
333512-858290

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Hasana R Kelly 5/1/09
Signature *Date*

HASANA R. KELLY
Print or Type Name

SECRETARY
Title

Form 630 Rev. 08/08