STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
125485	FIRST GUARANTY MORTGAGE CORPORATION		
3. Street Address Principal Business Office: 8180 Greensboro Drive, Suite 500	City: McLean	State: VA	Zip: 22102
4. Business Phone No.: 703-556-3333	5. State of Incorporation: VIRGINIA		6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island: MORTGAGE LENDING, RESIDENTIAL

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

President Name	Street Address	City	State	Zip
David A. Neal	8180 Greensboro Drive, Suite 500	McLean	VA	22102

Vice President Name	Street Address	City	State	Zip
XXXXXXXXX CEO Kenneth Clark	8180 Greensboro Drive, Suite 500	McLean	VA	22102

Secretary Name	Street Address	City	State	Zip
Nikki J. McKnight	8180 Greensboro Drive, Suite 500	McLean	VA	22102

Treasurer Name	Street Address	City	State	Zip
Nikki J. McKnight	8180 Greensboro Drive, Suite 500	McLean	VA	22102

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

Director Name	Street Address	City	State	Zip
Kenneth Clark	8180 Greensboro Drive, Suite 500	McLean	VA	22102
David A. Neal	8180 Greensboro Drive, Suite 500	McLean	VA	22102

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500,000	COMM	$.01

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
370,000	Common	$ .01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

125485

File Date 1/6/05

Check No. 58577

By: M.

FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer — *Date* 1/3/05

David A. Neal

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*		
125485	FIRST GUARANTY MORTGAGE CORPORATION		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
8180 Greensboro Drive, Suite 500	McLean	VA	22102
4. Business Phone No	*5. State of Incorporation*		*6. SIC Code*
703-637-4925	VIRGINIA		

7. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE LENDING, RESIDENTIAL

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

President Name	*Vice President Name*
David A. Neal	
Street Address	*Street Address*
8180 Greensboro Drive, Suite 500	
City / *State* / *Zip*: McLean / VA / 22102	*City* / *State* / *Zip*:
Secretary Name	*Treasurer Name*
Nikki J. McKnight	Nikki J. McKnight
Street Address	*Street Address*
8180 Greensboro Drive, Suite 500	8180 Greensboro Drive, Suite 500
City / *State* / *Zip*: McLean / VA / 22102	*City* / *State* / *Zip*: McLean / VA / 22102

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

Director Name	*Director Name*
Kenneth Clark	David A. Neal
Street Address	*Street Address*
8180 Greensboro Drive, Suite 500	8180 Greensboro Drive, Suite 500
City / *State* / *Zip*: McLean / VA / 22102	*City* / *State* / *Zip*: McLean / VA / 22102
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
500,000 COMM $.01 PAR VALUE			370,000	N/A	.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 1 2 5 4 8 5 *

FILED

File Date _____

Check No. JAN 15 2004

By: By 48187

FOR SECRETARY OF STATE USE ONLY

[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.

1/5/04

Signature of Officer *Date*

David A. Neal, President

Print or Type Name of Officer

Title of Officer

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 125485
2. Name of Corporation: FIRST GUARANTY MORTGAGE CORPORATION
3. Street Address Principal Business Office: 8180 Greensboro Dr #500 — City: McLean — State: VA — Zip: 22102
4. Business Phone No.: 703-556-3333
5. State of Incorporation: VIRGINIA
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Mortgage lender - Residential domes- Retail & Wholesale Business

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

President Name: David A. Neal
Street Address: 8180 Greensboro Dr. #500
City: McLean — State: VA — Zip: 22102

Vice President Name: Stacy Snyder
Street Address: 8180 Greensboro Dr #500
City: McLean — State: VA — Zip: 22102

Secretary Name: NiKKi J McKnight
Street Address: 8180 Greensboro Dr, #500
City: McLean — State: VA — Zip: 22102

Treasurer Name: NiKKi J. McKnight
Street Address: 8180 Greensboro Dr #500
City: Mclean — State: VA — Zip: 22102

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

Director Name: Kenneth CLARK
Street Address: 8180 Greensboro Dr, #500
City: McLean — State: VA — Zip: 22102

Director Name: Stacy Snyder
Street Address: 8180 Greensboro Dr #500
City: Mclean — State: VA — Zip: 22102

Director Name: David A. Neal
Street Address: 8180 Greensboro Dr #500
City: Mclean — State: VA — Zip: 22102

Director Name:
Street Address:
City: — State: — Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500,000	COMM	$.01

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
370,000	Common	$.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 2 5 4 8 5 *

File Date: 2-28-03

Check No.: 39636

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 1/23/03

Print or Type Name of Officer: David A. Neal

Title of Officer: President