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FORM **BCA 13.15** (rev. Dec. 2003) APPLICATION FOR AUTHORITY TO TRANSACT BUSINESS IN ILLINOIS **Business Corporation Act** 

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834

www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State. SEE NOTE 1 CON ENNING PAYMENT! FILED

MAR 0 8 2007

JESSE WHITE SECRETARY OF STATE

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File#



Doc#: 0707160104 Fee: \$28.00

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 03/12/2007 12:30 PM Pg: 1 of 3

08002

		THE TOOK LET MING PAYMENT!								
	Fil	ing Fee \$ 150,000 Franchise Tax \$ 25,000 Penalty	/Interest \$	Total & TC M						
	_	Submit () di plicateType or Print clearly in	hlook ink	10tal \$ 1 / 3 / 0 0	_ Approved: (					
	1.	(a) CORPORATE NAM: Nations Home Mount	DO P	ot write above this line-						
	•••	(a) CORPORATE NAME: Nations Home Mortgage Corporation								
		(Complete item 1 (b) only if the comporate name is not available.								
			liable in this state.)							
		(b) ASSUMED CORPORATE NAME:								
		(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form 304 4.15 is attached.)								
		transaction of business in Illinois. Form 3CA 4.15 is attached.)								
	2.	State or Country Date of								
		of Incorporation Pennsylvania : Date of Incorporation	7-6-98 .	Period of						
			7-0-98	Duration Perpet	ual					
	3.	(6) Add (11)	<u> </u>							
	Э.	(a) Address of the principal office, wherever located:	(b) Address of princi	pal office in Illinois:						
		6 Executive Campus	(If none, so	state)						
		- tump to	None							
		3rd Floor	C/	<u> </u>						
		Cherry Hill, NJ 08002								
	4.	Name and address of the		-0_						
	•	Name and address of the registered agent and registered office in Illinois.								
		Registered Agent: C T Corporation System								
		First Name	Middle Initial							
		Registered Office: 208 S LaSalle Street	MINDIA WINIA	Lasi nin Suite 814	10					
		Number	Street	Suite #	(A P.O. Box slone					
-		Chicago, IL	60604	Cook	is not acceptable.)					
		City	ZIP Code	County						
	5.	States and countries in which it is admitted as qualified to								
	ΑT	States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)								
	- HT	AL, CA, CI, DE, FL, IN, MD, MA, MI, NJ, NY, NC, DA, SC, WA								
	6.	Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)								
			o ambotoro arta/or augi	uonai onicers, attaci	n list.)					
	-	Name No. & Street								
		President m	City	State	e ZIP					
		Secretary To Alaksia O Executive Car	mpus, 3rd F1, Cher	ry Hill NJ	08002					
xec VP/	Trea	S Director Jacques L. Famy Jr. 6 From the Car	Mpus, 3rd Fl. Cher	TU UIII NI	08002					
		Director Todd Millman 6 Executive Car	mpus, 3rd Fl, Cher mpus, 3rd Fl, Cher		08002					
	C-17	Director Jacques L. Famy Jr. 6 Executive Car	mpus, 3rd F1, Cher mpus, 3rd F1, cher	ry Hill NJ	08002					
	U-17		-ras, start, cuer	<u>ry Hill NJ</u>	08002					

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7.	The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)								
	Please s	ee attached	•						
8.	Authorized	and issued shar	es:						
	Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued				
	ommon	N/A	NPV	1,000	-200 500				
		70	(If m	ore, attach list)					
9.	Paid-in Cap ("Paid-in Ca	ital: \$ 120 pital" replaces ti	000 ne terms Stated Capital	& Paid-in Surplus and is as	qual to the total of these accounts.)				
10.	(a) Give an corporat (b) Give an corporat (c) State the transact (d) State the	estimate of the tion for the follow estimate of the tion for the follow e estimated total ed by it everywhe estimated annier	total value of all the pro	perty* of the  perty* of the cated in Illinois: \$ ation to be a: \$	0 0 10,000,000 1,000,000				
11.	Interrogatori	es: (Important -	his section must be co	mpleted.)					
	(a) Is the co	rporation transa swer to item 11(	cting business in this st a) is yes, state the exac	ate at this time? No	ced to transact business in Illinois				
12.	(b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:  This application is accompanied by a certified copy of the articles of incorporation, as an anded, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.								
13.	The undersign	ned corporation	has caused this applie	ation to be signed by a duly true. (All signatures must b					
	Dated Ma	rch 27	A not	M					
		(Month & Day)	, <u>2007</u> (Year)	_ Nations Home (Exc	Mortgage Corporation  act Name of Corporation)				
	(Ā	ny Authorized Offi	cer's Signature)	<del>-</del>					
	<u>T</u>	odd Millman	President						

\* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

(Print Name and Title)

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

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Appendix to Illinois
Application for Certificate of Authority to Transact Business in Illinois

## Purpose Clause of Nations Home Mortgage Corporation

To engage in any lawful act or activity for which corporations may be formed under the Pennsylvenia Business Corporation Law of 1988 and permitted under the Illinois Business Corporation Act of 1983.