FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727253 (7)

Corporation Name

NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business	Mailing Address
1735 N LYNN ST SUITE 950 ARLINGTON VA 22209 US	1735 N LYNN ST SUITE 950 ARLINGTON VA 22209 US

3. Date Incorporated or Qualified: 08/23/1973
3a. Date of Last Report: 06/20/1995

21 Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-1673989 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOMKO, STEVEN R JR
1836 LAKEVIEW RD
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGILL, PATRICIA K	1.2 NAME	
STREET ADDRESS	21 CHURCH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD 21701	1.4 CITY-ST-ZIP	
TITLE	PE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, THOMAS W	2.2 NAME	
STREET ADDRESS	801 S WAVERLY, #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI 48917	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE V	☑ Change ☐ Addition
NAME	HIX, JANICE M	3.2 NAME	
STREET ADDRESS	6000 LAKE FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE S	☑ Change ☐ Addition
NAME	NORTON, PATRICIA L	4.2 NAME	
STREET ADDRESS	333 WEST HAMPTON AVE 701	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80110	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE T	☑ Change ☐ Addition
NAME	GAFFNEY, R E JR	5.2 NAME	
STREET ADDRESS	4350 E CAMELBACK, #100C	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85018	5.4 CITY-ST-ZIP	
TITLE	M ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KINNEY, KAY R	6.2 NAME	
STREET ADDRESS	1735 N LYNN ST. SUITE 950	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22209	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kay R. Kinney Kay R. Kinney 4/20/96 703/524-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR