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**Feb 11 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 832452 (7)
1. Corporation Name
GE RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA



Principal Place of Business Mailing Address
6601 SIX FORKS RD. P.O. BOX 177800 RALEIGH NC 27619

3. Date Incorporated or Qualified **05/31/1974** 3a. Date of Last Report **03/05/1996**
4. FEI Number **38-1997500** 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

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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ZAFIROVSKI, MIKE S.
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	C <input type="checkbox"/> DELETE
NAME	BARMORE, GREGORY T.
STREET ADDRESS	6601 SIX FORKS RD.
CITY-ST-ZIP	RALEIGH NC
TITLE	SVPD <input type="checkbox"/> DELETE
NAME	LITTLES, CAROLYN
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	F <input type="checkbox"/> DELETE
NAME	GREEN, JEANNIE B
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	S <input type="checkbox"/> DELETE
NAME	HINKLE, CATHERINE D
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH NC
TITLE	MD <input type="checkbox"/> DELETE
NAME	HECK, MARTIN H.
STREET ADDRESS	6601 SIX FORKS ROAD
CITY-ST-ZIP	RALEIGH NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mann, Thomas H.
1.3 STREET ADDRESS	6601 Six Forks Road
1.4 CITY-ST-ZIP	Raleigh, NC 27615
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Green, Jeannie B.
4.3 STREET ADDRESS	6601 Six Forks Road
4.4 CITY-ST-ZIP	Raleigh, NC 27615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeannie B. Green* **Jeannie B. Green** (919) 846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)