## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 834587**

1. Entity Name

SOUTHTRUST MORTGAGE CORPORATION



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90138 003 \*\*\*150.00

Principal Place of Business 210 WILDWOOD PARKWAY BIRMINGHAM AL 35209			Mailing Address P.O. BOX 532060 BIRMINGHAM AL 35253-2060							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	& State			<b>4.</b> F	FEI Number 63-0692047 Applied For Not Applicab	le		
Zip Country			Zip			try	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	ed Agent	-		7,_1	Name and Address of New Registered Agent	7	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						Name Street Address (P.O. Box Number is Not Acceptable)				
PLANTATI	ON FL 3332	24						<del></del>		
		City			FL Zip Code	ヿ				
	named entity		or the purp	ose of changing its	register	ed office or reg	istered ag	gent, or both, in the State of Florida. I am familiar with, and accep	ot	
SIGNATURE	-									
SICIVATORIE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signature re-	quired when re	reinstating) DATE	_	
Afte	r May 1, 20	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \( \square\$ Added to Fees	,	
10.		OFFICERS AND		l DRS	11.		AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DE O VOOD PARKWAY, STE AM AL 35209	. 100	☐ Delete		1		☐ Change ☐ Addition	n	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	210 WILD\	MICHAEL D VOOD PARKWAY, STE AM AL 35209	. 100	□ Oelete				☐ Change ☐ Addition	nc	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	210 WILD\	MICHAEL D VOOD PARKWAY, STE AM AL 35209	. 100	Delete				☐ Change ☐ Addition	)n -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DICKEY, S 210 WILD\ BIRMINGH	COTT VOOD PARKWAY, STE AM AL 35209	. 100	□ Delete		i		☐ Change ☐ Additio	nç	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	nı	
TITLE NAME STREET ADDRESS			,	☐ Delete	TITL NAM STRI		<u> </u>	☐ Change ☐ Additio	nc	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

205-667-8381

Daytime Phone #