

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 AUG 10 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001487 (8)**

1. Corporation Name
EMORY MORTGAGE CORP.

Mailing Address: ~~6755 GRANGER ROAD, SUITE 910~~
INDEPENDENCE OH 44131
Principal Place of Business: ~~6755 GRANGER ROAD, SUITE 910~~
INDEPENDENCE OH 44131

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 03/25/1993	3a. Date of Last Report
4. FEI Number 34-1715250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Excess Amount Paid Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has liability for alternate tax under § 109.031, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address		2a. Principal Place of Business	
21 6505 Rockside Rd	26 6505 Rockside Rd.		
22 Suite 400	27 Suite 400		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Applicable)			
				83			
				84 City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 or Sections 617.0502 and 617.1504, Florida Statutes, the above named corporation adopts 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 607.0502 or 617.0502, Florida Statutes.

SIGNATURE: _____
(Signature must be printed here if registered agent is not a director or officer of the corporation)

12. OFFICERS AND DIRECTORS				13. CHANGES TO REGISTERED AGENT			
1. TITLE	P/D	1. NAME	ROWLAND MARK E	1. TITLE	✓	1. NAME	6505 Rockside Rd, Suite 400
2. NAME		2. STREET ADDRESS	5755 GRANGER ROAD, SUITE 910	2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	INDEPENDENCE OH 44131	3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. TITLE	✓	4. NAME	WILLIAMS HILDA A	4. TITLE	P/D	4. NAME	"
5. NAME		5. STREET ADDRESS	5755 GRANGER ROAD, SUITE 910	5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	INDEPENDENCE OH 44131	6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. TITLE	S	7. NAME	WITHERINGTON JAMES P	7. TITLE		7. NAME	"
8. NAME		8. STREET ADDRESS	5755 GRANGER ROAD, SUITE 910	8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	INDEPENDENCE OH 44131	9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. TITLE	D	10. NAME	TANEJA JUGAL K	10. TITLE		10. NAME	"
11. NAME		11. STREET ADDRESS	5755 GRANGER ROAD, SUITE 910	11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	INDEPENDENCE OH 44131	12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE	D	13. NAME	ROWLAND MARK E	13. TITLE		13. NAME	"
14. NAME		14. STREET ADDRESS	5755 GRANGER ROAD, SUITE 910	14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	INDEPENDENCE OH 44131	15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. TITLE	D	16. NAME	TRABER MARK A	16. TITLE		16. NAME	"
17. NAME		17. STREET ADDRESS	925 EUCLID AVE, SUITE 1100	17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	CLEVELAND OH 44115	18. CITY, ST, ZIP		18. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and I understand and agree to be held liable for the accuracy of the information supplied. I further certify that the information is filed on the annual report or supplemental annual report as true and accurate, and that my signature and name on the same apply to the filing of the report. I certify that I am an officer or director of the corporation or the registered agent of the corporation and that my name appears in Block 12 or Block 13 of this report. I am a resident of the State of Florida. My address is _____

SIGNATURE: *Mark E. Rowland*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
MARK E. ROWLAND

7/25/94 (216) 573-6500
 EXT 114