

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 14 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F94000004317 (3)

1. Corporation Name

COLLATERAL SERVICING, INC.

Principal Place of Business

Mailing Address

**1800 CRESTWOOD BLVD.
 BIRMINGHAM AL 35203**

**1800 CRESTWOOD BLVD.
 BIRMINGHAM AL 35203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

APPLIED FOR 63-1125071

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature typed or printed name of registered agent and title of incorporator

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO
NAME	RATLIFF, WILLIAM T III
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203
TITLE	VD
NAME	ROBERTS, DAVID A
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203
TITLE	VD
NAME	SPALDING, JOHN L
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203
TITLE	AV
NAME	MUSGROVE, MARY ANNE
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203
TITLE	AS
NAME	DICHIARA, KATERINA
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203
TITLE	D
NAME	STONE, CHERYL R
STREET ADDRESS	1900 CRESTWOOD BLVD.
CITY - ST - ZIP	BIRMINGHAM AL 35203

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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: *C.R. Stone*

6/9/95 (205) 951-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Cheryl R. Stone, Vice President and Controller