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Secretary of State

03-01-1999 90094 006 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000004317**

1. Corporation Name
COLLATERAL SERVICING, INC.



Principal Place of Business
1900 CRESTWOOD BLVD.
BIRMINGHAM AL 35203

Mailing Address
ATTN: Legal Dept
1900 CRESTWOOD BLVD.
BIRMINGHAM AL 35203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
08/19/1994

4. FEI Number
63-1125071

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	RATLIFF, WILLIAM T III	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERTS, DAVID A	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPALDING, JOHN L	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	ZIMLICH, MARY ANNE	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DICHIARA, KATERINA	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, CHERYL R	
STREET ADDRESS	1900 CRESTWOOD BLVD.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Cheryl R. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date Daytime Phone #

CR2E034 (11/98)