

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002741

1. Entity Name
ALLISON MORTGAGE LOAN SERVICING CORPORATION



Principal Place of Business
**6145 BARFIELD ROAD
STE. 280
ATLANTA, GA 30328 US**

Mailing Address
**P.O. BOX 76457
ATLANTA, GA 30358 US**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2051354

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, DAVE
FLORIDA COMPLIANCE SPECIALIST INC
2331 HANSEN PLACE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000184751
01/20/05-80041-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
TAUBER, MORTON P
120 GROSVENOR PLACE
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TAUBER, ARLENE P
120 GROSVENOR PLACE
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GLAZER, SANDRA F
2666 SPENCERS TRACE
MARIETTA, GA 30062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Arlene P. Tauber
Arlene P. Tauber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2005

Date

**800-791-
1168**

Daytime Phone #