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30 MAY - 1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P11054** (4)

1. Corporation Name
CROSSLAND MORTGAGE CORP.

Principal Place of Business Mailing Address
3902 SOUTH STATE STREET SALT LAKE CITY UT 84107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/07/1986** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **87-0274895** Applied For Not Applicable
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 has liability for intangible tax under S. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 agent 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 if applicable

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SUMNER, CHRISTOPHER
STREET ADDRESS	860 E 4500 S
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	V
NAME	MILLER, PAUL
STREET ADDRESS	860 E 4500 S
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	VS
NAME	CASPER, BRIAN O
STREET ADDRESS	860 E 4500 S
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	V
NAME	PEDERSEN, RON
STREET ADDRESS	860 E 4500 S
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	D
NAME	OBRIEN, DANA J
STREET ADDRESS	717 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK N.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	3902 South State Street
14 CITY - ST - ZIP	Salt Lake City, Utah 84107
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3902 South State Street
24 CITY - ST - ZIP	Salt Lake City, Utah 84107
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	3902 South State Street
34 CITY - ST - ZIP	Salt Lake City, Utah 84107
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	3902 South State Street
44 CITY - ST - ZIP	Salt Lake City, Utah 84107
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Director
53 STREET ADDRESS	Spencer F. Eccles
54 CITY - ST - ZIP	179 South Main Street Salt Lake City, Utah 84111
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Vice President
63 STREET ADDRESS	Michael S. Marks
64 CITY - ST - ZIP	3902 S. State Street Salt Lake City, Utah 84107

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 included 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 its 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 amendment with an address.

SIGNATURE:

Michael S. Marks
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR

Michael S. Marks 4127195

(801) 226-7669