

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P11054** (4)

1. Corporation Name  
**CROSSLAND MORTGAGE CORP.**



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

3. Date Incorporated or Qualified: **08/07/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **87-0274895**  
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. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 Zip Code: **FL** \_\_\_\_\_

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature of the person who is registered agent for the corporation.

Signature of the Agent for Service of Process on the corporation.

DATE \_\_\_\_\_

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUMNER, CHRISTOPHER	
STREET ADDRESS	3902 SOUTH STATE STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, PAUL	
STREET ADDRESS	3902 SOUTH STATE STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CASPER, BRIAN O	
STREET ADDRESS	3902 SOUTH STATE STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEDERSEN, RON	
STREET ADDRESS	3902 SOUTH STATE STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER F ECCLES	
STREET ADDRESS	79 SOUTH MAIN STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARKS, MICHAEL S	
STREET ADDRESS	3902 S STATE STREET	
CITY-STATE-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(3)(k), 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 this corporation, the officer 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 in an attached sheet with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)