

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Jul 25 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11054 (4)**  
 1. Corporation Name  
**CROSSLAND MORTGAGE CORP.**



Principal Place of Business <b>3902 SOUTH STATE STREET SALT LAKE CITY UT 84107 US</b>	Mailing Address <b>3902 SOUTH STATE STREET SALT LAKE CITY UT 84107 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/07/1986</b>		3a. Date of Last Report <b>03/20/1996</b>	
2. Principal Place of Business 21		4. FEI Number <b>87-0274895</b>	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City		<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUMNER, CHRISTOPHER</b>	1.2 NAME	
STREET ADDRESS	<b>3902 SOUTH STATE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>3902 SOUTH STATE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASPER, BRIAN O</b>	3.2 NAME	
STREET ADDRESS	<b>3902 SOUTH STATE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDERSEN, RON</b>	4.2 NAME	
STREET ADDRESS	<b>3902 SOUTH STATE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCER F ECCLES</b>	5.2 NAME	
STREET ADDRESS	<b>79 SOUTH MAIN STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKS, MICHAEL S</b>	6.2 NAME	
STREET ADDRESS	<b>3902 S STATE STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: *Mike Marks* **MIKE MARKS V.P. 18 Jul 97 802269-7000**

CR2E034 (4/97)