FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P12913 (0)

1. Corporation Name
ACCUBANC MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
12377 MERIT DR #600 P O BOX 809089 DALLAS TX 75380	12377 MERIT DR #600 P O BOX 809089 DALLAS TX 75380

3. Date Incorporated or Qualified: **01/15/1987**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **75-1831365** ☐ 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. 199.032, 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 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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. Officers and Directors		13. Additions/Changes
TITLE	EVP	1 1 TITLE	☒ Change ☐ Addition
NAME	HICKMAN, KENNETH G	1 2 NAME	
STREET ADDRESS	3801 JENNIFER	1 3 STREET ADDRESS	5713 Willowbrook
CITY-ST-ZIP	ROWLETT TX	1 4 CITY-ST-ZIP	Rowlett TX 75088
TITLE	CEO	2 1 TITLE	☐ Change ☐ Addition
NAME	STARKEY, WILLIAM R.	2 2 NAME	
STREET ADDRESS	ONE BRAEMORE PLACE	2 3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2 4 CITY-ST-ZIP	
TITLE	EVP	3 1 TITLE	EVP ☒ Change ☐ Addition
NAME	VECCHIOLA, CRAIG M.	3 2 NAME	Munford, James K.
STREET ADDRESS	2058 ROBIN HILL LANE	3 3 STREET ADDRESS	1599 W. Costilla Place
CITY-ST-ZIP	CARROLTON TX	3 4 CITY-ST-ZIP	Littleton, CO 89120
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	GILLEY, GAREY	4 2 NAME	
STREET ADDRESS	4320 BELLAIR DRIVE SOUTH	4 3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	MILLER, FRED	5 2 NAME	
STREET ADDRESS	8915 VISTA VIEW DRIVE	5 3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75243	5 4 CITY-ST-ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, RUDOLFO	6 2 NAME	
STREET ADDRESS	98 HOLLYMEAD	6 3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLAND TX 77381	6 4 CITY-ST-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 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: William R. Starkey Chairman and CEO April 24, 1995 800-457-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William R. Starkey

0473307 FP