

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31121** (7)
1. Corporation Name
COLLATERAL AGENCY, INC.



Principal Place of Business: **517 DEERING STREET BIRMINGHAM, 35210-2034**
Mailing Address: **517 DEERING STREET BIRMINGHAM, 35210-2034**

3. Date Incorporated or Qualified: **09/28/1990**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

4. FET Number: **63-6007227**
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 607.0507, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed in Block 12 or Block 13. Date typed or printed in Block 12 or Block 13.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, W. T., JR.	1.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, WILLIAM T., III	2.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EVP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBLEE, ANNA REBECCA	3.2 NAME	WHITEHURST, DAVID WILLIAM
STREET ADDRESS	1900 CRESTWOOD BLVD	3.3 STREET ADDRESS	517 DEERING STREET
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	BIRMINGHAM, ALABAMA 35210
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	RATLIFF, J. K. V.	4.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP/CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, P. E.	5.2 NAME	OSWALT, MICHAEL RAY
STREET ADDRESS	1900 CRESTWOOD BLVD.	5.3 STREET ADDRESS	517 DEERING STREET
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	BIRMINGHAM, ALABAMA 35210
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCLAUGHLIN, T. H., JR.	6.2 NAME	
STREET ADDRESS	1900 CRESTWOOD BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	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: *Michael Ray Oswalt* MICHAEL RAY OSWALT 04/19/96 (205)951-1043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ADDITIONAL OFFICERS

7.1 VP
7.2 WALLS, CHARLES WILLIAM
7.3 1900 CRESTWOOD BLVD
7.4 BIRMINGHAM, AL 35210

8.1 VP
8.2 SMITH, KIMBERLY LYNN
8.3 1900 CRESTWOOD BLVD
8.4 BIRMINGHAM, AL 35210