

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P31121
 1. Corporation Name
COLLATERAL AGENCY, INC.

Principal Place of Business	Mailing Address
517 DEERING STREET BIRMINGHAM, AL 35210	517 DEERING STREET BIRMINGHAM, AL 35210

2. Principal Place of Business	2a. Mailing Address
21 1900 Crestwood Blvd.	26 1900 Crestwood Blvd.
22	27
23 Birmingham, AL	28 Birmingham, AL
24 35210	29 35210
25 Jefferson	30 Jefferson

3. Date Incorporated or Qualified 09/28/1990	3a. Date of Last Report 04/26/1996
4. FEI Number 63-6007227	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	NAME RATLIFF, W.T., JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 CRESTWOOD BLVD	CITY-STATE-ZIP BIRMINGHAM, AL 35210	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE PTD	NAME RATLIFF, WILLIAM T., III	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 CRESTWOOD BLVD.	CITY-STATE-ZIP BIRMINGHAM, AL 35210	2.1 TITLE	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE EVPS	NAME WHITEHURST, DAVID W.	2.3 STREET ADDRESS	
STREET ADDRESS 517 DEERING STREET	CITY-STATE-ZIP BIRMINGHAM, AL 35210	2.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE D	NAME RATLIFF, J. K. V.	3.2 NAME	
STREET ADDRESS 1900 CRESTWOOD BLVD	CITY-STATE-ZIP BIRMINGHAM, AL 35210	3.3 STREET ADDRESS 1812 UNIVERSITY BLVD	
	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP TUSCALOOSA, AL 35401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME OSWALT, MICHAEL R.	4.1 TITLE	
STREET ADDRESS 517 DEERING STREET	CITY-STATE-ZIP BIRMINGHAM, AL 35210	4.2 NAME	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE V	NAME MCLAUGHLIN, T. H.	4.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1900 CRESTWOOD BLVD	CITY-STATE-ZIP BIRMINGHAM, AL 35210	5.1 TITLE	
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE V	NAME MCLAUGHLIN, T. H.	5.3 STREET ADDRESS 1900 CRESTWOOD BLVD.	
STREET ADDRESS 1900 CRESTWOOD BLVD	CITY-STATE-ZIP BIRMINGHAM, AL 35210	5.4 CITY-STATE-ZIP BIRMINGHAM, AL 35210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE V	NAME MCLAUGHLIN, T. H.	6.2 NAME	
STREET ADDRESS 1900 CRESTWOOD BLVD	CITY-STATE-ZIP BIRMINGHAM, AL 35210	6.3 STREET ADDRESS 517 DEERING STREET	
	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP BIRMINGHAM, AL 35210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: T.H. McLaughlin, Jr. **T.H. MCLAUGHLIN, JR.** 4/7/97 205/951-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

2

ADDITIONAL OFFICERS

- 7.1 V
- 7.2 Charles W. Wall
- 7.3 1900 Crestwood Blvd.
- 7.4 Birmingham, AL 35210