

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36942** (1)

1. Corporation Name
C MORTGAGE CORP.



Principal Place of Business Mailing Address
P.O. BOX 12926 SALEM OR 97301

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/03/1992	3a. Date of Last Report 08/24/1995
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 93-1068917	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	1.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATY, DANIEL R.	2.2 NAME	
STREET ADDRESS	2105 N. 30	2.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, BRUCE D.	3.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	4.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	5.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	6.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	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 or changes to an attachment with an address.

SIGNATURE: _____ *Secretary* 1-17-96 503 370 7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE DAYTIME PHONE #

CR2E034 (12/95)