

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

FILED

**May 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37022 (1)
 1. Corporation Name
PRIVATE LABEL MORTGAGE SERVICES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7470 E. NEW TECHNOLOGY WAY STE 1400 FREDERICK MD 21703 US	Mailing Address 7470 E. NEW TECHNOLOGY WAY P.O. BOX 4196 FREDERICK MD 21705-4196 US
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3. Date Incorporated or Qualified 01/03/1992	4. FEI Number 41-1683251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 7470 E NEW TECHNOLOGY WAY Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 FREDERICK, MD	27 City & State 28
24 Zip 21703 Country U.S.A.	29 Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRABKA, GARY	
STREET ADDRESS	751 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MELLOTT, RUSSELL B	
STREET ADDRESS	8101 ASHFORD COURT	
CITY-ST-ZIP	FREDERICK MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMID, WILLIAM E	
STREET ADDRESS	401 HEIGHTS RD.	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KIEFER, LAWRENCE B.	
STREET ADDRESS	751 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HALL, SHERRILL M	
STREET ADDRESS	7470 E. NEW TECHNOLOGY WAY	
CITY-ST-ZIP	FREDERICK MD	
TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	CRITCHFIELD, JOHN R	
STREET ADDRESS	10313 GRETCHEN NICOL COURT	
CITY-ST-ZIP	WOODSTOCK MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	GATEWAY CENTER 4, 100 MULBERRY ST., 9TH
1.4 CITY-ST-ZIP	NEWARK, NJ 07102
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	CAROLYN PUMPHREY
2.4 CITY-ST-ZIP	7470 E NEW TECHNOLOGY WAY FREDERICK, MD 21703
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	71 HANOVER ROAD
3.4 CITY-ST-ZIP	FLORHAM PARK, NJ 07932
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	VIRGINIA CONE
4.4 CITY-ST-ZIP	13001 COUNTY ROAD 10 PLYMOUTH, MN 55442
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TREASURER
6.3 STREET ADDRESS	C. EDWARD CHAPLIN
6.4 CITY-ST-ZIP	751 BROAD STREET NEWARK, NJ 07102

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

CR21034 (10/97)