


4-10-97 B4359 C
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Apr 10 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 # P21818 (0) 1. Corporation Name PATRICIAN MORTGAGE COMPANY			
Principal Place of Business 4550 MONTGOMERY AVE 1150 BETHESDA MD 20814 US		Mailing Address 4550 MONTGOMERY AVE 1150 BETHESDA MD 20814-3304 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, GAYE G. 4550 MONTGOMERY AVE #1150 BETHESDA MD	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Asst Vice President Cary N. Brownley 4550 Montgomery Ave. #1150 Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COMINGS, WILLIAM D 4550 MONTGOMERY AVE #1150 BETHESDA MD	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Asst Secretary Karen F. Buchar 4550 Montgomery Ave. #1150 Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYER, PAULA 4550 MONTGOMERY AVE #1150 BETHESDA MD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHARIS, CATHERINE 4550 MONTGOMERY AVE #1150 BETHESDA MD	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, WALTER 2 WISCONSIN CIR 400 CHEVY CHASE MD	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, HELEN 4550 MONTGOMERY AVE BETHESDA MD	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham

3/31/97 (301) 218-2000
Date Daytime Phone #

CR2E034 (9/96)