

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P31121 1. Entity Name COLLATERAL AGENCY, INC.			
Principal Place of Business 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210		Mailing Address 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, JANET C 1900 CRESTWOOD BLVD. BIRMINGHAM, AL 35210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RATLIFF, WILLIAM T., III 1900 CRESTWOOD BLVD. BIRMINGHAM, AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, CHERYL 1900 CRESTWOOD BLVD BIRMINGHAM, AL 35210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JR, ROBERT W 1900 CRESTWOOD BIRMINGHAM, AL 35210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Janet C. Brown, Secretary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1/9/06</i> Daytime Phone # <i>205/951-4433</i>	



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-6007227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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05/17/06-80101-008 158.75