**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 AUG -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **183533** **(9)**

1. Corporation Name
**COMMONWEALTH MORTGAGE CORPORATION OF AMERICA**

| Principal Place of Business | Mailing Address |
|---|---|
| 2425 WEST LOOP SOUTH<br>HOUSTON TX 77027 | 3100 MONTICELLO, STE. 790<br>DALLAS TX 75205 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1955
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 3100 Monticello
22 Suite, Apt. #, etc.: 9 West
City & State: ~~Richardson, Texas~~
24 Zip: 75205
25 Country: USA

2a. Mailing Address
26: P.O. Box 8280
27 Suite, Apt. #, etc.:
City & State 28: Dallas, Texas
29 Zip: 75205-0280
30 Country: USA

4. FEI Number: 59-0733702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | P/S/D | ☐ Change ☒ Addition |
| NAME | BELL, W. RAY | 12 NAME | Gorrell, Stanly L. | |
| STREET ADDRESS | 2425 WEST LOOP SOUTH | 13 STREET ADDRESS | 3500 Maple Ave. | |
| CITY-ST-ZIP | HOUSTON TX 77027 | 14 CITY-ST-ZIP | Dallas TX 75219 | |
| TITLE | VD | 21 TITLE | V/S | ☒ Change ☐ Addition |
| NAME | BODAK, RICHARD J | 22 NAME | Bodak, Richard J. | |
| STREET ADDRESS | 3500 MAPLE AVE. | 23 STREET ADDRESS | 3500 Maple Ave. | |
| CITY-ST-ZIP | DALLAS TX 75219 | 24 CITY-ST-ZIP | Dallas TX 75219 | |
| TITLE | V | 31 TITLE | V/S | ☐ Change ☒ Addition |
| NAME | HARDY, RAY | 32 NAME | Alexander, Thomas | |
| STREET ADDRESS | 2425 WEST LOOP SOUTH | 33 STREET ADDRESS | 3500 Maple Ave. | |
| CITY-ST-ZIP | HOUSTON TX 77027 | 34 CITY-ST-ZIP | Dallas TX 75219 | |
| TITLE | V | 41 TITLE | V/S | ☐ Change ☒ Addition |
| NAME | EPPERSON, RALPH | 42 NAME | Anthony, Linda | |
| STREET ADDRESS | 2425 WEST LOOP SOUTH | 43 STREET ADDRESS | 3500 Maple Ave. | |
| CITY-ST-ZIP | HOUSTON TX 77027 | 44 CITY-ST-ZIP | Dallas TX 75219 | |
| TITLE | V | 51 TITLE | V/S | ☒ Change ☐ Addition |
| NAME | CRAIN, DANIEL R | 52 NAME | Crain, Daniel R. | |
| STREET ADDRESS | 3500 MAPLE AVE. | 53 STREET ADDRESS | 3500 Maple Ave. | |
| CITY-ST-ZIP | DALLAS TX 75219 | 54 CITY-ST-ZIP | Dallas TX 75219 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

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)(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:** Stanley L. Gorrell, President (214) 443-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177403 FP