FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8: 18

DOCUMENT # 360890 (8)

1. Corporation Name

SOUTHEAST MORTGAGE COMPANY

Principal Place of Business	Mailing Address
285 PEACHTREE CTR. AVE SUITE 300 ATLANTA GA 30303	P.O. BOX 56766 ATLANTA GA 30343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1970
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-1290547 — 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

2. Principal Place of Business	2a. Mailing Address
21 1201 W. Peachtree ST, NE	26 1201 W. Peachtree ST, NE
Suite, Apt. #, etc 22 Suite 1800	Suite, Apt. #, etc 27 Suite 1800
City & State 23 Atlanta, Georgia	City & State 28 Atlanta, Georgia
Zip 24 30309-3415 Country 25 US	Zip 29 30309-3415 Country 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE 1 TALLAHASSEE FL 32301	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	V [X] Change [ ] Addition
NAME	JONES, JEFF	12 NAME	JONES, JEFF
STREET ADDRESS	880 S.W. 56TH TERRACE	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33317	14 CITY ST ZIP	
TITLE	DP	21 TITLE	DP-Chairman of the Board [X] Change [✓] Addition
NAME	STERN, WILLIAM	22 NAME	RAY, PATRICIA J
STREET ADDRESS	P.O. BOX 4615 N/A	23 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30343	24 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE	D	31 TITLE	D [X] Change [✓] Addition
NAME	YETMAN, WAYNE	32 NAME	CUMMINS, MICHAEL G
STREET ADDRESS	P.O. BOX 56766 N/A.	33 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY ST ZIP	ATLANTA GA 30343	34 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE		41 TITLE	VS [X] Change [✓] Addition
NAME		42 NAME	CHANDLER, SCOTT W
STREET ADDRESS		43 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY ST ZIP		44 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE		51 TITLE	T [X] Change [✓] Addition
NAME		52 NAME	FERREBEE, SUBRENA
STREET ADDRESS		53 STREET ADDRESS	1201 W. Peachtree ST, NE, Suite 1800
CITY ST ZIP		54 CITY ST ZIP	Atlanta, Georgia 30309-3415
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on the 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] 3/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #