FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 09 1996 8:00 am
Secretary of State

DOCUMENT # 360890 (8)

1. Corporation Name

SOUTHEAST MORTGAGE COMPANY

Principal Place of Business	Mailing Address
1201 W. PEACHTREE ST. N.E. SUITE 1800 ATLANTA GE 30309-3415 US	1201 W. PEACHTREE ST. NE SUITE 1800 ATLANTA GE 30309-3415 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 GA.
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 GA.
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/10/1970
3a. Date of Last Report: 03/30/1995
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

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE 1
TALLAHASSEE FL 32301

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 ____

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	JONES, JEFF	
STREET ADDRESS	880 S.W. 56TH TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DP	☐ DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	
CITY-ST-ZIP	ATLANTA GE	
TITLE	D	☒ DELETE
NAME	CUMMINS, MICHAEL G.	
STREET ADDRESS	1201 W. PEACHTREE ST., NE, SUITE 1800	
CITY-ST-ZIP	ATLANTA GE	
TITLE	S	☐ DELETE
NAME	CHANDLER, SCOTT W	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	
CITY-ST-ZIP	ATLANTA GE	
TITLE	T	☐ DELETE
NAME	FERREBEE, SUBRENA	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	
CITY-ST-ZIP	ATLANTA GE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	D	☒ Change ☐ Addition
2 NAME	Ray, Patricia J.	
2 STREET ADDRESS	1201 W. Peachtree Street, N.E., Suite 1800	
2 CITY-ST-ZIP	Atlanta, GA. 30309	
3 TITLE	D	☐ Change ☒ Addition
3 NAME	Rossetti, John P.	
3 STREET ADDRESS	1201 W. Peachtree St., N. E., Suite 1800	
3 CITY-ST-ZIP	Atlanta, Ga. 30309	
4 TITLE	D-V-S	☒ Change ☐ Addition
4 NAME	Chandler, Scott W.	
4 STREET ADDRESS	1201 W. Peachtree St., NE., Suite 1800	
4 CITY-ST-ZIP	Atlanta, GA 30309	
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	D	☐ Change ☒ Addition
6 NAME	Farrell, Charles P.	
6 STREET ADDRESS	1201 W. Peachtree St., N.E. Suite 1800	
6 CITY-ST-ZIP	Atlanta, GA 30309	

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)(k), 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] 4/4/96 (404) 817-2667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott W. Chandler, Director

CR2E034 (12/95)