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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **360890** **(8)**

1. Corporation Name
SOUTHEAST MORTGAGE COMPANY

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

3. Date Incorporated or Qualified: **03/10/1970**
3a. Date of Last Report: **04/09/1996**

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

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

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 Section 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 (Required when reinstating) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JEFF	1.2 NAME	
STREET ADDRESS	880 S.W. 56TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RAY, PATRICIA J	2.2 NAME	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GE	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSSETTI, JOHN P.	3.2 NAME	
STREET ADDRESS	1201 W. PEACHTREE ST., NE, SUITE 1800	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, SCOTT W	4.2 NAME	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FERREBEE, SUBRENA	5.2 NAME	
STREET ADDRESS	1201 W. PEACHTREE ST, NE, SUITE 1800	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GE	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FARRELL, CHARLES	6.2 NAME	
STREET ADDRESS	1201 W PEACHTREE STREET NE SUITE 1800	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 a director or officer 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: 2/4/97 (404) 817-2567

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

Patricia J. Ray President

0011630