FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CITY-ST-ZIP

FILED Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name 360890 SOUTHEAST MORTGAGE COMPANY JAN 20 1998 Principal Place of Business Mailing Address 1201 W. PEACHTREE ST. N.E. 1201 W. PEACHTREE ST. NE **SUITE 1800** SUITE 1800 ATLANTA GA 30309-3415 ATLANTA GA 30309-3415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1970 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 1910 Pacific Ave 1910 Pactfic Ave 59-1290547 Not Applicable 21 \$8.75 Additional 5. Certificate of Status Desired X Fee Required 16th Floor 22 16th Floor City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Dallas, TX Dallas, TX Trust Fund Contribution Added to Fees Country Zip Country Ζıρ 8. This corporation owes or has paid the current year Intangible 25 USA 29 75201 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes 24 30 **IIS** 10. Name and Address of New Registered Agent 81 Name CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. 82 Street Address (P.O. Box Number is Not Acceptable) STE 1 83 TALLAHASSEE FL 32301 В4 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **★** DELETE Change Addition TITLE 1.1 TITLE RAY, PATRICIA J NAME 1.2 NAME Thomas, III, William J. 1201 W. PEACHTREE ST. NE. SUITE 1800 STREET ADDRESS 1.3 STREET ADDRESS 1910 Pacific Ave., 16th Floor **ATLANTA GE** 1.4 CITY-ST-ZIP CITY-ST-ZIP Dallas, TX 75201-X DELETE X Change Addition TITLE DVS 2.1 TITLE CHANDLER, SCOTT W 2.2 NAME NAME Fisher. John H. 1201 W. PEACHTREE ST, NE, SUITE 1800 2.3 STREET ADDRESS STREET ADDRESS 1910 Pacific Ave., 16th Floor ATLANTA GA CITY-ST-ZIP 2. 4 CITY-ST-ZIP Dallas, TX 75201 **T** DELETE Addition TITLE 3.1 TITLE FERREBEE, SUBRENA 3.2 NAME Schug, John 1201 W. PEACHTREE ST. NE. SUITE 1800 STREET ADDRESS 3.3 STREET ADDRESS 1910 Pacific Ave., 16th Floor atlanta ge CITY-ST-ZIP 3.4. CITY - ST - ZIP Dallas, TX 75201 Change DELETE 4.1 TITLE * Addition DAS 4. 2 NAME NAME Bell, Daniel M. STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this thing does not sualify 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