

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

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Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **380614** (8) 714
1. Corporation Name
FIRST HALIFAX CORPORATION
JAN 20 1998 1207

Principal Place of Business FDIC-1201 W PEACHTREE ST SUITE 1800 ATLANTA GA 30309 US	Mailing Address FDIC-1201 W PEACHTREE ST SUITE 1800 ATLANTA GA 30309 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1971	
4. FEI Number 59-1370721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CT CORPORATON SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	LOCKWOOD, LAWRENCE W
STREET ADDRESS	FDIC-1201 W PEACHTREE ST SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DVAS <input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J
STREET ADDRESS	FDIC-1201 W PEACHTREE ST SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DVAS <input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P
STREET ADDRESS	FDIC-1201 W PEACHTREE ST SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DST <input checked="" type="checkbox"/> DELETE
NAME	THOMMPSON, GARY L
STREET ADDRESS	FDIC-1201 W PEACHTREE ST SUITE 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAMMETT, JAMES
1.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
1.4 CITY-ST-ZIP	DALLAS, TX 75201
2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHUG, JOHN
2.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
2.4 CITY-ST-ZIP	DALLAS, TX 75201
3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, J. ERNEST
3.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
3.4 CITY-ST-ZIP	DALLAS, TX 75201
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BELL, DANIEL M
4.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
4.4 CITY-ST-ZIP	DALLAS, TX 75201
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KELLEY, SHARON
5.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
5.4 CITY-ST-ZIP	DALLAS, TX 75201
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	APPLEBY, NANCY
6.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
6.4 CITY-ST-ZIP	DALLAS, TX 75201

14. I 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 signed by 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: _____ DATE: 2/18/98 (932) 71 8041

CR2E034 (10/97)

OFFICERS AND DIRECTORS (ADDITIONS)

CORPORATION NAME: FIRST HALIFAX CORPORATION

TITLE: VP
NAME: VORDTRIEDE, JOHN
STREET ADDRESS: 1910 PACIFIC AVENUE, 16TH FLOOR
CITY, ST, ZIP: DALLAS, TX 75201

TITLE: AS
NAME: FISHER, JOHN H.
STREET ADDRESS: 1910 PACIFIC AVENUE, 16TH FLOOR
CITY, ST, ZIP: DALLAS, TX 75201