

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 419724 (0)
1. Corporation Name
NATIONSBANC MORTGAGE CORPORATION OF GEORGIA



Principal Place of Business
101 SOUTH TRYON STREET
NCI 002 20 18
CHARLOTTE NC 28255

401 N TRYON ST
NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/23/1973	09/16/1996
22	City & State	27	City & State	4. FEI Number	Applied For Not Applicable
23	Zip	28	Zip	59-1475062	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HUDSON, JOHN T	1.2 NAME	
STREET ADDRESS	70 MANSELL CT, STE 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD JOHNSON, ROBERT L	2.2 NAME	
STREET ADDRESS	600 PEACHTREE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KISER, J. W	3.2 NAME	
STREET ADDRESS	100 N TRYON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ASSAR, KARIM	4.2 NAME	
STREET ADDRESS	600 PEACHTREE STREET NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308-2214	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP NEWMAN, SUSAN MAYS	5.2 NAME	
STREET ADDRESS	101 SOUTH TRYON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28255	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SEE SCHEDULE ATTACHED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Susan Mays Newman* 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN MAYS NEWMAN
Senior Vice President
704-386-8568

CR2E034 (9/96)

Active Officers & Director Report

NationsBanc Mortgage Corporation of Georgia**

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<u>Directors</u>	<u>Title</u>	<u>Start Dt</u>	<u>Last El.</u>
James R. Lientz, Jr.	Director	02/01/96	02/01/97

<u>Officers</u>	<u>Title</u>	<u>Start Dt</u>	<u>Last El.</u>
John T. Hudson	President	07/15/94	04/11/97
Susan D. Mays	Senior Vice President/Tax Officer	04/15/96	04/10/97
Gary S. Williams	Senior Vice President/Tax Officer	04/15/96	04/11/97
Robert L. Johnson	Vice President	07/15/94	04/11/97
Janet G. Locke	Vice President/Tax Officer	04/11/97	04/11/97
James W. Kiser	Secretary	07/15/94	04/11/97
Mary-Ann Lucas	Assistant Secretary	04/15/96	04/11/97
Jacqueline MacRorie	Assistant Secretary	04/15/96	04/11/97
Karim Assar	Treasurer	07/15/94	04/11/97

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