

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

401 N TRYON ST
%CORPORATE TAX
CHARLOTTE NC 28255
US

2. 401 N TRYON ST NC1-021-03-08
21. CHARLOTTE NC 28255

2a. 401 N TRYON ST NC1-021-03-08
26. CHARLOTTE NC 28255

City & State

23. Zip Country
24. 25.

City & State

27. Zip Country
28. 29. 30.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1973

4. FEI Number

59-1475062

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

Signature, type or printed name of registered agent and for all applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HUDSON, JOHN T
STREET ADDRESS 70 MANSELL CT, S
CITY-ST-ZIP ROSWELL GA 401 N TRYON ST NC1-021-03-08
CHARLOTTE NC 28255

TITLE VD
NAME JOHNSON, ROBERT L
STREET ADDRESS 600 PEACHTREE ST
CITY-ST-ZIP ATLANTA GA

TITLE S
NAME KISER, J. W
STREET ADDRESS 100 N TRYON ST
CITY-ST-ZIP CHARLOTTE NC

TITLE T
NAME ASSAR, KARIM
STREET ADDRESS 600 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA 30308-2214

TITLE VP
NAME NEWMAN, SUSAN MAYS
STREET ADDRESS 101 SOUTH TRYON STREET
CITY-ST-ZIP CHARLOTTE NC 28255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SVP
Williams, Gary S.

401 N TRYON ST NC1-021-03-08
CHARLOTTE NC 28255

☐ Change

☒ Addition

☐ Change

☐ Addition

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 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: Gary S. Williams 4-27-98 704-386-5956

FILED
May 14 1998 8:00am
Secretary of State



CR2E034 (10/97)