

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

FILED
May 14 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255

2a. 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255

21. City & State: CHARLOTTE NC

22. State: NC

23. City & State: CHARLOTTE NC

24. Zip: 28255

25. Country: US

26. City & State: CHARLOTTE NC

27. State: NC

28. City & State: CHARLOTTE NC

29. Zip: 28255

30. Country: US

3. Date Incorporated or Qualified: 02/23/1973

4. FEI Number: 59-1475062

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

9. Name and Address of Current 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: PLANTATION

85. Zip Code: 33324

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

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HUDSON, JOHN T | |
| STREET ADDRESS | 70 MANSELL CT, S | 401 N TRYON ST NC1-021-03-09 |
| CITY-ST-ZIP | ROSWELL GA | CHARLOTTE NC 28255 |
| TITLE | VD | |
| NAME | JOHNSON, ROBERT L | |
| STREET ADDRESS | 600 PEACHTREE ST | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KISER, J. W | |
| STREET ADDRESS | 100 N TRYON ST | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ASSAR, KARIM | |
| STREET ADDRESS | 600 PEACHTREE STREET NE | |
| CITY-ST-ZIP | ATLANTA GA 30308-2214 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | NEWMAN, SUSAN MAYS | |
| STREET ADDRESS | 101 SOUTH TRYON STREET | |
| CITY-ST-ZIP | CHARLOTTE NC 28255 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SVP Williams, Gary S. |
| 5.3 STREET ADDRESS | 401 N TRYON ST NC1-021-03-09 |
| 5.4 CITY-ST-ZIP | CHARLOTTE NC 28255 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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

CR2E034 (10/97)