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

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # 538250 (2)AMERICA'S MORTGAGE SERVICING, INC. JAN 20 1998 Principal Place of Business Mailing Address 1201 WEST PEACHTREE STREET N.E. 1201 WEST PEACHTREE STREET N.E. 9TH FLOOR 9TH FLOOR DO NOT WRITE IN THIS SPACE ATLANTA GA 30309-3415 ATLANTA GA 30309-3415 3. Date Incorporated or Qualified 06/29/1977 2. Principal Place of Business 2a. Mailing Address Applied For 59-1755531 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **C T CORPORATION SYSTEM** 1200 S PINE ISLAND RD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X DELETE DVAS TITLE 1.1 TITLE NAME FARRELL, CHARLES P JR. 1.2 NAME HAMMETT, JAMES CR2E034 STREET ADDRESS 1201 WEST PEACHTREE STREET N.E. 1.3 STREET ADDRESS 1910 PACIFIC AVENUE, 16th FLOOR ATLANTA GA 30309-3415 CITY-ST-ZIP 1.4 CITY - ST - ZIP DALLAS, TX 75201 **X** DELETE TITLE 2.1 TITLE CLARK, F. CHARLES 2.2 NAME NAME BELL, DANIEL M. 1201 WEST PEACHTREE STREET N.E. 1910 PACIFIC AVENUE, 16th FLOOR 2.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30309-3415 CITY-ST-ZIP 2.4 CITY-ST-ZIP DALLAS, TX 75201 DVP DELETE 3.1 TITLE TITLE RAY, PATRICIA J 3.2 NAME SCHUG, JOHN NAME 1201 WEST PEACHTREE STREET N.E 1910 PACIFIC AVENUE, 16th FLOOR STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA 30309-3415 CITY-ST-ZIP 3.4. CITY-ST-ZIP DALLAS, TEXAS 75201 DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME CELLEY, SHARON 4.3 STREET ADDRESS STREET ADDRESS 1910 PACIFIC AVENUE, 16th FLOOR CITY-ST-ZIP 44 CITY-ST-ZIP DALLAS TX 75201 DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME APPLEBY, NANCY 53 STREET ADDRESS 1910 PACIFIC AVENUE, 16th FLOOR STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DALLAS, TX 75201 DELETE Change X Addition TITLE 6.1 TITLE

6.2 NAME

HER HALL BOOK STATE

WORDTRIEDE, JOHN

63 STREET ADDRESS 1910 PACIFIC AVENUE, 16th FLOOR

64 CITY-ST-ZIP DALLAS TX 75.01

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forda 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 logal effect as impade under 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 logal effect as impade under 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 logal effect as impade under 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 logal effect as impade under certify that the information supplemental annual report is true and accurate and that my signature shall have the same logal effect as impade under 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 logal effect as impact on the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. + linked la- Incl. stall

FILED

Mar 10 1998 8:00am

OFFICERS AND DIRECTORS (ADDITIONS)

CORPORATION NAME: AMERICA'S MORTGAGE SERVICING, INC.

TITLE:

ST

NAME:

STREET ADDRESS:

FISHER, JOHN H.
1910 PACIFIC AVENUE, 16TH FLOOR
DALLAS, TX 75201

CITY, ST, ZIP: