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

May 13, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris ANNUAL REPORT Secretary of State 05-13-1999 90014 025 \*\*\*150.00 1999 **DIVISION OF CORPORATIONS DOCUMENT #** 542257 (1) 1. Corporation Name SOUTHWEST WARRANTY CORPORATION Principal Place of Business Mailing Address 307 WEST 7TH ST 300 ST. PAUL PLACE BALTIMORE, MD 21202 STE 400 DO NOT WRITE IN THIS SPACE FT. WORTH, TX 3. Date Incorporated or Qualified 08/04/1977 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1758742 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation owes the current year Intangible Personal Country Zip Country X No Yes 30 Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE-HALL CORPORATION SYSTEM 83 1202 HAYS STREET SUITE 105 84 City 85 Zip Code TALLAHASEE FL 32301 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) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition TITLE AVPS**D** 1.1 TITLE WATSON, CHRISTOPHER 5 388 GREENWICH ST, 21ST FL 10013 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition 2.1 TITLE DELETE TITLE FITTS, S. 388 GREENWICH ST, 2.2 NAME NAME STREET ADDRESS 21ST FL 2.3 STREET ADDRESS 10013 NEW YORK, NY 2.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE Change VP-TAXES 3.1 TITLE TITLE INGBER, A.L. 75\_HOLLY\_HILL\_LANE 3.2 NAME NAME -3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP GREENWICH, CT 06803 3.4 CITY - ST - ZIP DELETE Change Addition TITLE SVP/T 41 TITLE ZIEGLER, NAME K. W. 4.2 NAME 388 GREENWICH ST, 21 NEW YORK, NY 10013 21ST FL 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

FILED

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, with all other like empowered.

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:		· / /			OFFICER OR DIRECTOR	Date Date	100	Daytime Phone #	
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME