ANN	PROFIT DRPORATION NUAL REPORT	Sandra Sandra	ARTMENT OF STATE a B. Mortham tary of State	F	
	1996	DIVISION OF	CORPORATIONS		1996 8:00 am
DOCL 1. Corporat	JMENT # 616	284 (6)		Secret	ary of State
	RKSHIRE RESIDENTIAL M	ORTGAGE CORPORATIO	ОМ		
	ce of Business	Mailing Address			
	LANTIC AVE N MA 02210	470 ATLANTIC AVE BOSTON MA 02210			
				3. Date Incorporated or Qualifi	ed 3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address		04/03/1979 4. FEI Number	04/26/1995
t Suite, Apt	t # etc	26		59-1899933	Applied For Not Applicab
2		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State		6. Election Campaign Financing	<sup>9</sup> \$5.00 May Be
Ζφ	Country 25	Zip	Country	Trust Fund Contribution 8. This corporation has liability	Added to Fees for intangible tax under s 199.032,
·]	9. Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes	Yes 🛄 No
THE	PRENTICE-HALL CORPORATIO	N SYSTEM INC	B1 Name		a registered Agent
1201	HAYS STREET	NOTOTEM INC.	82 Street	Address (P.O. Box Number is Not Accept	Dtable)
	Ē 105		83		
TALL	AHASSEE FL 32301				
	AHASSEE FL 32301		84 City		EI 85 Zip Code
1. Pursuant or registe	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute rida. Such change was authorize	84 City	orporation submits this statement for the a	
<ol> <li>Pursuant or registe familiar w</li> </ol>	to the provisions of Sections 607.05 ared agent, or both, in the State of Fic with, and accept the obligations of, Se	iction 607.0505, Florida Statutes.	84 City s, the above-named c d by the corporation's	accept the a	
<ol> <li>Pursuant or registe familiar w IGNATURE</li> <li>2.</li> </ol>	to the provisions of Sections 607.05 ared agent, or both, in the State of Fic vith, and accept the obligations of, So Signature, typed or paned can out regreeted ag	iction 607.0505, Florida Statutes.	84 City	required when reinstating.	PL purpose of changing its registered offic popointment as registered agent. I am
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<ol> <li>Pursuant or registe familiar w IGNATURE</li> <li>ICE</li> <li>ILE</li> <li>IME</li> </ol>	to the provisions of Sections 607.05 ared agent, or both, in the State of Fig ath, and accept the obligations of, Se Signature, typed or printed range of registered age OFFICERS A S MOSKOWITZ, DAVID 470 ATLANTIC AVE	ection 607.0505, Florida Statutes. entend title if associable. (NOT ND DIRECTORS	B4 City     S. the above-named ci     d by the corporation's     Freisteren Agent signature n     13.     1.1 TIFLE     1.2 NAME	required when reinstating.	PL   purpose of changing its registered offic popintment as registered agent. I an DATE DATE DEFICERS AND DIRECTORS IN 12
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