FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 623845 (5)

1. Corporation Name

VALLEY MORTGAGE AND INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
609 CEDAR CREEK GRADE STE A WINCHESTER VA 22601	609 CEDAR CREEK GRADE STE A WINCHESTER VA 22601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1979
3a. Date of Last Report: 04/12/1994
4. FEI Number: 54-0790729

Applied For / Not Applicable

2. Principal Place of Business
21 same as above
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 same as above
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CESNIK, MIMI M.
609 CEDAR CREEK GRADE
STE A
WINCHESTER VA 22601

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 ______________________

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CESNIK, MIMI M.
STREET ADDRESS	609 CEDAR CREEK GRADE
CITY ST ZIP	WINCHESTER VA
TITLE	T
NAME	MOLDEN, ED L
STREET ADDRESS	609 CEADER CREEK GRADE STE A
CITY ST ZIP	NAPLES FL
TITLE	S
NAME	RICHARDSON, KAREN R.
STREET ADDRESS	2400 VALLEY AVE
CITY ST ZIP	WINCHESTER VA 22601
TITLE	VS
NAME	MOLDEN, ED L
STREET ADDRESS	2400 VALLEY AVENUE
CITY ST ZIP	WINCHESTER VA
TITLE	V
NAME	MOLDEN, CHRISTOPHER A
STREET ADDRESS	2400 VALLEY AVENUE
CITY ST ZIP	WINCHESTER VA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	609 Cedar Creek Grade Suite A	
14 CITY ST ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS	609 Cedar Creek Grade Suite A	
24 CITY ST ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	609 Cedar Creek Grade Suite A	
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS	609 Cedar Creek Grade Suite A	
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS	609 Cedar Creek Grade Suite A	
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

AJ 3/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Karen R. Richardson Secretary 03/15/95 703-667-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen R. Richardson

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