

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 697842 (3)
1. Corporation Name CREDICO MORTGAGE CORP.

Principal Place of Business % FLEET FINANCE NC 30 PERIMETER PARK ATLANTA GA 30341	Mailing Address % FLEET FINANCE NC 30 PERIMETER PARK ATLANTA GA 30341
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1981	3a. Date of Last Report 03/08/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 25-1204932	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	County	29	City & State	B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New 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
		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: _____ DATE: _____
Signature typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD ☒ Change ☐ Addition
NAME	OWENS, ROBERT HAROLD	1.2 NAME	JOHN S. POELKER
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	1.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800
CITY, ST, ZIP	ATLANTA GA	1.4 CITY, ST, ZIP	ATLANTA, GA 30346
TITLE	V	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	MOORE, SHARON Y.	2.2 NAME	KATHLEEN M. IRELAND
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	2.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800
CITY, ST, ZIP	ATLANTA GA	2.4 CITY, ST, ZIP	ATLANTA, GA 30346
TITLE	SD	3.1 TITLE	VS ☒ Change ☐ Addition
NAME	STANFORTH, JOHN B.	3.2 NAME	THERESE G. FRANZEN
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	3.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800
CITY, ST, ZIP	ATLANTA GA	3.4 CITY, ST, ZIP	ATLANTA, GA 30346
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	SCRUGGS, B. DAVID	4.2 NAME	P. EMERY COVINGTON
STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800	4.3 STREET ADDRESS	211 PERIMETER CENTER PKWY, SUITE 800
CITY, ST, ZIP	ATLANTA GA	4.4 CITY, ST, ZIP	ATLANTA, GA 30346
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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 any attachment with an address.

SIGNATURE:  JOHN S. POELKER 4/10/95 40A-392-2440
Signature typed or printed name of signing officer or director Date