

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727253 (7)**
1. Corporation Name
NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business Mailing Address
~~8201 Greensboro Dr. Suite 300 McLean, VA 22102~~ **8201 Greensboro Dr. Suite 300 McLean, VA 22102**
US US

3. Date Incorporated or Qualified **08/23/1973** 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1673989	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
24	29	30	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOMKO, STEVEN R JR 1836 LAKEVIEW RD CLEARWATER FL 34624		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	900001905999
		83	-07/26/96--01073--026
		84 City	***61.25
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when translating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D MCGILL, PATRICIA K	12 NAME	✓ P Becker, Thomas W.	
STREET ADDRESS	21 CHURCH ST	13 STREET ADDRESS	801 S. Waverly, #101	
CITY-ST-ZIP	FREDERICK MD 21701	14 CITY-ST-ZIP	Lansing, MI 48917	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	✓ PE Hix, Janice M	
NAME	PE BECKER, THOMAS W	22 NAME	6000 Lake Forest Dr.	
STREET ADDRESS	801 S WAVERLY, #101	23 STREET ADDRESS	Atlanta GA 30328	
CITY-ST-ZIP	LANSING MI 48917	24 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	31 TITLE	✓ V.C. Marshall	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HIX, JANICE M	32 NAME	17021 S. Harlem	
STREET ADDRESS	6000 LAKE FOREST DR	33 STREET ADDRESS	Tinley Park, IL 60477	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	41 TITLE	✓ S Michael P. Hindman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NORTON, PATRICIA L	42 NAME	5599 San Felipe Street, #1208	
STREET ADDRESS	333 WEST HAMPTON AVE 701	43 STREET ADDRESS	Houston, TX 77056-2721	
CITY-ST-ZIP	ENGLEWOOD CO 80110	44 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	51 TITLE	✓ T Gaffney, R.E. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GAFFNEY, R E JR	52 NAME	4350 E. Camelback, #100C	
STREET ADDRESS	4350 E CAMELBACK, #100C	53 STREET ADDRESS	Phoenix, AZ 85018	
CITY-ST-ZIP	PHOENIX AZ 85018	54 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	61 TITLE	M Kinney, Kay R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M KINNEY, KAY R	62 NAME	8201 Greensboro Dr. #300	
STREET ADDRESS	1735 N LYNN ST. SUITE 950	63 STREET ADDRESS	McLean, VA 22101	
CITY-ST-ZIP	ARLINGTON VA 22209	64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kay R. Kinney** 4/20/96 703/524-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)