

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

09 MAR 22 PM 12:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **727253**

1. Corporation Name
NATIONAL ASSOCIATION of MORTGAGE BROKERS, Inc

Principal Place of Business Mailing Address
**8201 GREENSBORO DR. Suite 300
 McLEAN, VA 22102**

21	2a	22	26	23	27	24	25	29	30
8201 GREENSBORO DR.	8201 GREENSBORO DR.	Suite 300	Suite 300	McLean, VA	McLean VA	22102	U.S.A.	22102	U.S.A.

3. Date Incorporated or Qualified
1973

4. FEI Number
59-1673989

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
**CT CORPORATION
 1025 VERMONT AVE, N.W.
 WASHINGTON, D.C. 20005**

10. Name and Address of New Registered Agent

81 Name
CT CORPORATION

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND Rd.

84 City
PLANTATION

85 Zip Code
FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ENGLISH	12 NAME	
STREET ADDRESS	4705 UNIVERS. DR #290	13 STREET ADDRESS	
CITY-ST-ZIP	DURHAM, NC 27707	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	TUCK W. RYAN	22 NAME	
STREET ADDRESS	7601 W 141 ST, 2ND FLOOR WEST	23 STREET ADDRESS	
CITY-ST-ZIP	TINLEY PARK, IL 60477	24 CITY-ST-ZIP	
TITLE	PEO	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ANNE LYMAN	32 NAME	
STREET ADDRESS	5549 SAN FELIPE ST #1208	33 STREET ADDRESS	
CITY-ST-ZIP	HUNSTON, TX 77056	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN BOSE	42 NAME	
STREET ADDRESS	20501 VENTURA BLVD, SUITE 200	43 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS, CA 91364	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL FENDLY, LMC	52 NAME	
STREET ADDRESS	3550 N. CENTRAL #1205	53 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85012	54 CITY-ST-ZIP	
TITLE	EVPS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN KINSOLA	62 NAME	
STREET ADDRESS	8201 GREENSBORO DR. #300	63 STREET ADDRESS	
CITY-ST-ZIP	McLEAN, VA 22102	64 CITY-ST-ZIP	

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 617, 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.

SIGNATURE: **Brian Kinsola** **Brian Kinsola** **3/3/99** **703 610 0269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)