

816244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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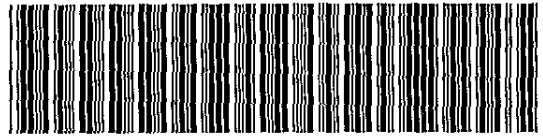
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF REVENUE

816244 8-18-03
4/2 With CM

McGLINCHEY STAFFORD PLLC

HEIDI G. FOURNIER
Paralegal
(504) 596-0332
Fax: (504) 596-2800
hfournier@mcglinchey.com
www.mcglinchey.com

NEW ORLEANS
HOUSTON
BATON ROUGE
JACKSON
CLEVELAND
MONROE

August 15, 2003

VIA FEDERAL EXPRESS DELIVERY

Florida Secretary of State
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Regions Mortgage, Inc. - Withdrawal
Our Ref: 02160.0156

Dear Sir or Madam:

This firm represents Regions Mortgage, Inc. ("Regions") in licensing and compliance matters. On behalf of Regions, please find the following enclosed materials:

- 1) Application for Withdrawal;
- 2) Check in the amount of \$35.00 for filing fee; and
- 3) Merger Documents. *7 sent Back in*

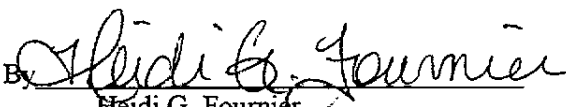
Please use any means at your disposal in order to expedite this filing, and forward evidence of the completed filing to this office, to the attention of the undersigned.

Please acknowledge receipt of this letter and its enclosures by date-stamping the enclosed copy of this letter and returning same to me in the enclosed self-addressed envelope.

Thank you for your assistance in this matter and if you should have any questions or require anything further, please call.

Yours very truly,

MCGLINCHEY STAFFORD
A PROFESSIONAL LIMITED LIABILITY COMPANY

By 
Heidi G. Fournier
Paralegal

/hgf
enclosures
::ODMA\PCDOCS\NOLADB\426043\1

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Regions Mortgage, Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heidi Fournier
(Name of Person)

McGlinchey Stafford PLLC
(Firm/Company)

643 Magazine Street
(Address)

New Orleans, LA 70130
(City/State and Zip code)

For further information concerning this matter, please call:

Heidi Fournier at (504) 596-0332
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Regions Mortgage, Inc.

(Name of Corporation)

Alabama

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

605 South Perry Street

(Mailing Address)

Montgomery, AL 36104

(City/ State /Zip)

SECRETARY OF STATE
ALABAMA, FLORIDA

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FILED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Chris B. Raycraft

Senior Vice President

Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

Chris Raycraft

Typed or printed name

8/11/03

Date