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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:12

DOCUMENT # **822109** **(5)**

1. Corporation Name
DATAPLEX CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 14975 JACKSON MS 39236-9750	P.O. BOX 14975 JACKSON MS 39236-9750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/25/1968**
3a. Date of Last Report: **04/01/1994**

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

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

4. FEI Number: **64-0394095** ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EDMONSON, RICHARD C.	12 NAME	
STREET ADDRESS	750 WOODLANDS PKY	13 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 0	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	SUMMERFORD, JERRY	22 NAME	
STREET ADDRESS	750 WOODLANDS PKY	23 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 0	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BERNARDY, MIKE	32 NAME	
STREET ADDRESS	750 WOODLANDS PKY	33 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 0	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CALDWELL, DON L.	42 NAME	
STREET ADDRESS	750 WOODLANDS PKY	43 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 0	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	DECKELMAN, WILLIAM L JR	52 NAME	
STREET ADDRESS	2828 N HASKELL	53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	54 CITY-ST-ZIP	
TITLE	COO	61 TITLE	☐ Change ☐ Addition
NAME	CONNOR, T G, JR	62 NAME	
STREET ADDRESS	750 WOODLANDS PKY	63 STREET ADDRESS	
CITY-ST-ZIP	RIDGELAND, MS 0	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)(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: Jerry Summerford Sr. V.P. 3/27/95 601 977 4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12:54

DOCUMENT # 822797 (7)

1. Corporation Name
COUNTRYWIDE FUNDING CORPORATION

Principal Place of Business	Mailing Address
155 NORTH LAKE AVE DEPT. 019 P.O. BOX 7137 PASADENA CA 91109-4137	155 NORTH LAKE AVE DEPT. 019 P.O. BOX 7137 PASADENA CA 91109-4137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1969
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-2631719 ☐ Applied For ☐ Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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 _____ 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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, SANDOR E	1.2 NAME	
STREET ADDRESS	155 NORTH LAKE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KURLAND, STANFORD L.	2.2 NAME	
STREET ADDRESS	155 NORTH LAKE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOZILO, ANGELO	3.2 NAME	
STREET ADDRESS	155 NORTH LAKE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LOEB, DAVID	4.2 NAME	
STREET ADDRESS	155 NORTH LAKE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	POE, PATRICIA I.	5.2 NAME	
STREET ADDRESS	155 N. LAKE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	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 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: Patricia I. Poe Patricia I. Poe 03/27/95 (818) 666-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #