

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847401** (7)
1. Corporation Name
LOMAS FINANCIAL CORPORATION

Principal Place of Business Mailing Address
1600 VICEROY DR 4TH FL **1600 VICEROY DR 4TH FL**
DALLAS TX 75235 **DALLAS TX 75235**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/05/1980	05/01/1994
22		27		4. FEI Number	Applied For
23		28		75-1043392	Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		6. This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	City		
				84	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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D. PRESIDENT, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, JESS	1.2 NAME	ERIC BOOTH
STREET ADDRESS	1600 VICEROY DR	1.3 STREET ADDRESS	1600 VICEROY
CITY - ST - ZIP	DALLAS TX	1.4 CITY - ST - ZIP	DALLAS TEXAS 75235
TITLE	D	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, GENE F	2.2 NAME	MARC FELDMAN
STREET ADDRESS	1600 VICEROY DR	2.3 STREET ADDRESS	1600 VICEROY
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	DALLAS TEXAS 75235
TITLE	D	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISGOE, DOLPH	3.2 NAME	GARY BELL
STREET ADDRESS	1600 VICEROY DR	3.3 STREET ADDRESS	1600 VICEROY
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	DALLAS TEXAS 75235
TITLE	V	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOFNER, M.F.	4.2 NAME	STEVEN SCARBROUGH
STREET ADDRESS	1600 VICEROY DR	4.3 STREET ADDRESS	1600 VICEROY
CITY - ST - ZIP	DALLAS TX	4.4 CITY - ST - ZIP	DALLAS TEXAS 75235
TITLE	S	5.1 TITLE	
NAME	TAYLOR, RAMONA	5.2 NAME	
STREET ADDRESS	1600 VICEROY DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	
TITLE	TV	6.1 TITLE	VP, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERLEY, ROBERT	6.2 NAME	ROBERT DENTON
STREET ADDRESS	1600 VICEROY DR	6.3 STREET ADDRESS	1600 VICEROY
CITY - ST - ZIP	DALLAS TX	6.4 CITY - ST - ZIP	DALLAS TEXAS 75235

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Scarbrough STEVEN SCARBROUGH 4/27/95 214-879-2022
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)