

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**
95 APR 20 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851240 (2)

1. Corporation Name

CC HOME LENDERS SERVICES, INC.

Principal Place of Business

Mailing Address

**300 ST. PAUL PLACE
BALTIMORE MD 21202**

**300 ST. PAUL PLACE
BALTIMORE MD 21202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1981

3a. Date of Last Report

04/14/1994

4. FEI Number

56-1264213

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

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

TITLE PD
NAME DUVALL, J. B. III
STREET ADDRESS 300 ST. PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

TITLE VD
NAME PATTERSON, J. R.
STREET ADDRESS 300 ST. PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

TITLE S
NAME MCCLUNG, A. K., JR.
STREET ADDRESS 300 ST. PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

TITLE T
NAME VASSALOTTI, W.J.
STREET ADDRESS 300 ST. PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

TITLE AS
NAME MOYLAN, C. M.
STREET ADDRESS 300 ST. PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

TITLE VD
NAME MURPHY, J.P.
STREET ADDRESS 300 ST PAUL PLACE
CITY - ST - ZIP BALTIMORE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS GALLAGHER, J.L.
2.4 CITY - ST - ZIP 300 ST. PAUL PLACE
BALTIMORE, MD 21202

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
300001463283
-04/24/95--01056--008
******200.00 ****200.00**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME T
4.3 STREET ADDRESS BYRNE, D.A.
4.4 CITY - ST - ZIP 300 ST. PAUL PLACE
BALTIMORE, MD 21202

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

K. A. Canady

K. A. Canady, Asst. Sec.

April 3, 1995 410-332-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

PLEASE NOTE:

THIS IS A PROFIT CORPORATION

WE RECEIVED AN ANNUAL REPORT FOR A
NON-PROFIT CORPORATION