## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 851240 TRAVELERS HOME EQUITY, INC.

(2)

## May 15 1997 8:00am Secretary of State

300 ST. PAUL PLACE BALTIMORE MD 21202  2. Principal Place of Business 21  Sulte, Apt. #, etc.		3C 8: 8/ U:	300 ST. PAUL PLACE 8SP10D BALTIMORE MD 21202-2120 US  2a. Mailing Address 26 Suite, Apt. #, etc.			3. Date Incorporated or Qualified					
22	., -,-	27	¬ ''				5. Certificate of Status Desired		]		Additional Required
City & State	<del></del>		City & State				6. Election Campaign Financing				May Be
23		28					Trust Fund Contribution		כ		to Fees
Zip	Country		Zip	Cour	try		B. This corporation has liability	or inta	ngible ta:	x under	s. 199.032.
24	25	29		30			Florida Statutes		es 🔲		
	9. Name and Address of		lered Agent				10. Name and Address of New	Regist	ered Ag	ent	
	Corporation System				B1 Na	ne					
	o S. Pine Island Road			-	<b>32</b> Str	et Add	ress (P.O. Box Number is Not Accep	tablol			
PLANTATION FL 33324							r Address (rO. box Number is Not Acceptable)				j
				Į.	33		7777 0 -0.4004				
ŀ				-	34 Cit	,				AP   7:-	Code
·									FL		Code:
11. Pursuant i	to the provisions of Sections	607.0502 and 60	07.1508, Florida State	ules, the ab	ove-nar	ned corp	poration submits this statement for the	e purp	ose of ch	nanging	its registered
agent. I a	egistered agont, or born, in t m familiar with, and accept th	ne state of Fibric ne obligations of	ia. Such change was , Section 607.0505, f	s authorized Florida Statu	by the les.	corpora	tion's board of directors. I hereby ac	cept th	ië appoir	itment a	s registered
SIGNATURE		_									
	Signature, typed or printed name of reg			D10 Registered	Agent sign	ature requi	red when reinstating)		DATE		
12.		ERS AND DIREC		13.			ADDITIONS/CHANGES TO OF	FICER			
TITLE	PD DIRECTOR		DELETE	1.1 1111	E					] Change	Addition
NAME	DUVALL, J. B. III			1.2 NA	41						
STREET ADDRESS	300 ST. PAUL PLACE			1.3 STR	EET ADDRE	SS					
CITY-ST-ZIP	BALTIMORE MD				/-ST-7IP						
TITLE	VD OALLAGHED II		☐ DELETE	2.1 1111		1	1/2		×	Change	☐ Addition
NAME	GALLAGHER, J.L.			2.2 NA		5,	notey, D.A.				
STREET ADDRESS	300 ST. PAUL PLACE	•			EET ADDRE	SS 30	moley, D.A. no A. Paul Mace Witimize, Md				
CITY-ST-ZIP	BALTIMORE MD 21202	<u></u>	District		Y - ST - ZiP	10	AltiMIRE, MOL		·	1	
TITLE	MCCLUNG, A. K., JR.		L_J DELETE	3 1 1111						<b>J</b> Change	Addition
NAME	300 ST. PAUL PLACE			3.2 NA							
STREET ADDRESS	BALTIMORE MD				EET ADORE	\$S					
CITY-ST-ZIP TITLE	T T		DELETE		Y - 51 - ZIP					Change	Addition
NAME	BYRNE, D.A.		□ <i>0</i> (1(1¢	4.1 TITU 4.2 NA					L	_ Change	Addition
STREET ADDRESS	300 ST. PAUL PLACE				vr Ee1 addre	00					
CITY-ST-ZIP	BALTIMORE MD					22					
TITLE	ASAT	- <del></del>	☐ DELF1E	5.1 1HL	/-ST-ZIP				····	Change	☐ Addition
NAME	CANEDY, K.A.		С венье	5.2 NAA					L-	) Onlange	[] Addition
STREET ADDRESS	300 ST. PAUL PLACE				eet addre	20					
CITY-ST-ZIP	BALTIMORE MD					33					
TITLE	VD		DELETE	6.1 TITE	r - ST - Z(P F					Change	Addition
NAME	MURPHY, J.P.			6.2 NAM					<u> </u>	, onunge	
STREET ADDRESS	300 ST PAUL PLACE				EET ADDRE	ee					
CITY-ST-ZIP BALTIMORE MD					(-\$1- <b>2</b> (P						
2 V. 4.0				0.4 011	Q1 211	- 1					

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.