

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90056 035 ***150.00

DOCUMENT # 851240

1. Corporation Name
TRAVELERS HOME EQUITY, INC.

Principal Place of Business

300 ST. PAUL PLACE
BALTIMORE MD 21202

Mailing Address

300 ST. PAUL PLACE
BSP100
BALTIMORE MD 21202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1981

4. FEI Number

56-1264213

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE VD ☐ DELETE
NAME SMOLEY, D A
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE MD

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME m J. Wong
3.3 STREET ADDRESS 300 St. Paul Place
3.4 CITY-ST-ZIP Baltimore, MD 21202

TITLE T ☐ DELETE
NAME BYRNE, D.A.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE MD

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ASAT ☐ DELETE
NAME CANEDY, K.A.
STREET ADDRESS 300 ST. PAUL PLACE
CITY-ST-ZIP BALTIMORE MD

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K. A. Canedy 4/7/99 (410) 332-3000

CR2E034 (11/98)