

4-15-98 @ 4747 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 852258 (3)
 1. Corporation Name
TRAVELERS HOME MORTGAGE SERVICES, INC.



Principal Place of Business: **300 ST. PAUL PLACE, BSP100, BALTIMORE MD 21202, US**
 Mailing Address: **300 ST. PAUL PLACE, BSP100, BALTIMORE MD 21202, US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **03/19/1982**

4. FEI Number: **56-1317845**

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 or has paid the current year Intangible Personal Property Tax due June 30: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DUVALL, J. B., III | |
| STREET ADDRESS | 300 ST. PAUL PLACE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCCLUNG, A. K., JR. | |
| STREET ADDRESS | 300 ST. PAUL PLACE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BYRNE, D.A. | |
| STREET ADDRESS | 300 ST. PAUL PLACE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SMOLEY, D A | |
| STREET ADDRESS | 300 ST. PAUL PLACE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | MURPHY, J. P. | |
| STREET ADDRESS | 300 ST. PAUL PLACE | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | AST | <input type="checkbox"/> DELETE |
| NAME | CANEDY, K A | |
| STREET ADDRESS | 300 ST. PAUL PL. | |
| CITY-ST-ZIP | BALTIMORE MD 21202 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* K A Canedy 4/16/98 (411)333-3000

CR2E034 (10/97)