

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

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

04-16-1999 90056 037 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 852258**

1. Corporation Name  
**TRAVELERS HOME MORTGAGE SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **56-1317845** 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.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>M. J. Wong</b>
2.3 STREET ADDRESS	<b>300 St. Paul Place</b>
2.4 CITY-ST-ZIP	<b>Baltimore, MD 21202</b>
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, with all other like empowered.

**SIGNATURE:** A. Canedy **SIGNATURE REQUIRED** 4/7/99 **Date** (40)332 **Daytime Phone #** 3000

CR2E034 (1/198)