## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # 852258** TRAVELERS HOME MORTGAGE SERVICES, INC. 04-18-2000 90264 042 \*\*\*150.00 Mailing Address Principal Place of Business 300 ST. PAUL PLACE 300 ST. PAUL PLACE BSP10D BSP10D **BALTIMORE MD 21202-2120** BALTIMORE MD 21202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FÉI Number 56-1317845 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. PRESENCE WALLS SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1370 10 113 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE Duvall, J. B., III NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change ☐ Addition ☐ Delete TITLE NAME WONG, M.J. NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Change Delete aourin ☐ Addition TITLE TITLE BYRNE, D.A. NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BALTIMORE MD Change ☐ Addition ☐ Delete TITLE TITLE SMOLEY, D A NAME NAME STREET ADDRESS 300 ST. PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BALTIMORE MD** ☐ Change ☐ Addition DVP ☐ Delete TITLE TITLE MURPHY, J. P. NAME NAME 300 ST. PAUL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BALTIMORE MD Delete ☐ Change ☐ Addition AST TITLE NAME CANEDY, K A NAME

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

300 ST. PAUL PL.

**BALTIMORE MD 21202** 

STREET ADDRESS

CITY-ST-ZIP