

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 858418 (7)**  
1. Corporation Name  
**CITIZENS MORTGAGE CORPORATION OF GEORGIA**



Principal Place of Business: **900 CIRCLE 75 PKWY. SUITE 1500 ATLANTA GA 30339**  
Mailing Address: **900 CIRCLE 75 PKWY. SUITE 1500 ATLANTA GA 30339**

3. Date Incorporated or Qualified: **11/10/1983**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business <b>same as above</b> Suite, Apt. #, etc.	26	2a. Mailing Address <b>same as above</b> Suite, Apt. #, etc.	4.	FEI Number <b>58-0834754</b>	Applied For	
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORMICA, MARK J.</b>	1.2 NAME	
STREET ADDRESS	<b>1 CITIZENS PLAZA</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PROVIDENCE RI</b>	1.4 CITY- ST- ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALSAMO, VINCENT</b>	2.2 NAME	
STREET ADDRESS	<b>2221 MANCHESTER EXPRESSWAY, SUITE 200</b>	2.3 STREET ADDRESS	<b>2300 Brookstone Centre Parkway</b>
CITY- ST- ZIP	<b>COLUMBUS GA</b>	2.4 CITY- ST- ZIP	
TITLE	<b>CEOD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINOUR, STEVE</b>	3.2 NAME	
STREET ADDRESS	<b>1 CITIZENS PLAZA</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PROVIDENCE RI</b>	3.4 CITY- ST- ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, MARK</b>	4.2 NAME	
STREET ADDRESS	<b>900 CIRCLE 75 PKWY, STE 1500</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ATLANTA GA</b>	4.4 CITY- ST- ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWRY, DONNA</b>	5.2 NAME	<b>Spirito, Jeanette L.</b>
STREET ADDRESS	<b>1 CITIZENS PLAZA</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PROVIDENCE RI</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUMMINGS, HERBERT W.</b>	6.2 NAME	
STREET ADDRESS	<b>1 CITIZENS PLAZA</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PROVIDENCE RI</b>	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

March 4, 1996

(770) 952-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)