2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F07000005278

Entity Name: PALLADIUM MORTGAGE CORPORATION

Current Principal Place of Business:

3790 DATA DRIVE
SUITE 100
NORCROSS, GA 30092 US

New Principal Place of Business:

Current Mailing Address:

3790 DATA DRIVE
SUITE 100
NORCROSS, GA 30092 US

New Mailing Address:

FEI Number: 20-0514512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, RUSSELL W
817 TARPON DRIVE
FT WALTON BCH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BEEN, JONATHAN W
Address: 3491 PINE STREAM ROAD
City-St-Zip: ATLANTA, GA 30327

Title: VCP ( ) Delete
Name: GERBER, SANFORD J
Address: 130 RIVER COURT PKWY
City-St-Zip: ATLANTA, GA 30328

Title: EVP ( ) Delete
Name: DEVINE, LINDA
Address: 877 BLUE HEATHER COURT
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: EVPS ( ) Delete
Name: SHIREY, SUSAN
Address: 1937 MISTY WOODS DRIVE
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA DEVINE EVP 04/16/2009

Electronic Signature of Signing Officer or Director Date