

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001364 (9)

1. Corporation Name

THE REVERSE MORTGAGE COMPANY



Principal Place of Business

Mailing Address

600 EMBASSY RD.
6600 PEACHTREE/DUNWOOD. STE. 600
ATLANTA GA 30345
US

600 EMBASSY RD.
6600 PEACHTREE/DUNWOOD. STE. 600
ATLANTA GA 30345
US

3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

58-1387610

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUAN, JACK	
STREET ADDRESS	600 EMBASSY ROW 6600 PEACHTREE DUNWOODY RD	
CITY- ST- ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, JOSEPH A SR.	
STREET ADDRESS	600 EMBASSY ROW 6600 PEACHTREE DUNWOODY RD	
CITY- ST- ZIP	ATLANTA GA	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	STEPHEN, PHYLLIS	
STREET ADDRESS	600 EMBASSY ROW 6600 PEACHTREE DUNWOODY RD	
CITY- ST- ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, TAMMY	
STREET ADDRESS	600 EMBASSY ROW 6600 PEACHTREE DUNWOODY RD	
CITY- ST- ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DALY, REBECCA M	
STREET ADDRESS	600 EMBASSY ROW 6600 PEACHTREE DUNWOODY RD	
CITY- ST- ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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: *Rebecca M Daly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 770-604-4060

Date

Daytime Phone #

CR2E034 (12/95)