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PROFIT ~~ CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001364

1. Corporation Name

THE REVERSE MORTGAGE COMPANY

Principal Place of Business Mailing Address					FINE THE STATE OF THE PROPERTY	1000 (tiss gift) gibi 1001	
7840 ROSWELL RD. BLDG 300. S-301 7840 ROSWELL RD. BLDG 300							
ATLANTA GA 30350-6877 ATLANTA GA 30350-6877							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
_					03/18/1993	T-1	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					58-1387610	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	55.00 May Be	
⊢ ¬ '	-	28				Added to Fees	
23	Country	Zip	Country		8. This corporation owes the current year Intangit	ole ·	
—	25	29 30	, i		Personal Property Tax.		
24 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30				10. Name and Address of New Registered Agent			
	3. Hallie and Abaress of Carren	· · · · · · · · · · · · · · · · · · ·	81	Name			
CORPORATION SERVICE COMPANY				ļ <u>.</u>			
1201 HAYS ST			82	Street	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301							
			83	<u> </u>		<u> </u>	
			84		FL 8		
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: Reg				egistered Agent signature required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
TITLE	PD	☐ DELETE	1.1 TITLE		42.4	ChangeAddition	
NAME	QUAN, JACK		1.2 NAME				
STREET ADDRESS	RESS 6600 PEACHTREE DUNWOODY RD.,STE 600			1.3 STREET ADDRESS 7840 Roswell Rd. Bldg 300 Suite 301		iite 301	
CITY-ST-ZIP	ATLANTA GA 30328		1.4 CITY-S	T-ZIP	Atlanta, GA 30350-6877	[D]	
TITLE	VP	☐ DELETE	2.1 TITLE		X.X	[Change	
NAME	MORRIS, JOSEPH A SR.		2.2 NAME				
STREET ADDRESS	6600 PEACHTREE DUNWOODY	RD.,STE 600	2.3 STREE	TADDRESS	7840 Roswell Rd. Bldg 300 Su	ite 301	
CITY-ST-ZIP	ATLANTA GA 30328		2.4 CITY-S	4 CITY-ST-ZIP Atlanta, GA 30350-6877			
TITLE	VP □ DELETE		3.1 TITLE		XXChange Addition		
NAME	STEPHEN, PHYLLIS						
			3.3 STREE	33 STREET ADDRESS 7840 Roswell Rd. Bldg 300 Suite 301			
CITY-ST-ZIP	ATLANTA GA 30328		3.4. CITY-5	ST-ZIP	Atlanta, GA 30350-6877		
TITLE	VP	☐ DELETE	4,1 TITLE		XX	Change	
NAME	DALY, REBECCA M		4. 2 NAME				
STREET ADDRESS	6600 PEACHTREE DUNWOODY	RDSTE 600	4.3 STREE	T ADDRESS	7840 Roswell Rd. Bldg 300 St	iite 301	
CITY-ST-ZIP	ATLANTA GA 30328		4.4 CITY-S	T-ZIP	Atlanta, GA 30350-6877		

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 attackment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

President SIGNATURE: Rebecca M. Daly

DELETE

DELETE

(770) 604-4060

☐ Change

Change

Addition

Addition