FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:50

DOCUMENT # **F93000003708 (5)**

1. Corporation Name

FIRST TOWN MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
400 INTERSTATE NORTH PKWY. SUITE 1100 ATLANTA GA 30339	100 PLAZA DRIVE ATTN: ACCOUNTING SECAUCUS NJ 07094 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 100 PLAZA DRIVE
22: ATTN - ACCOUNTING
23: SECAUCUS, NEW JERSEY
24 Zip: 07094
25 Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29 Zip:
30 Country:

4. FEI Number: 62-0998221 ☐ 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

EISENBERG, LEE
2101 NW CORPORATE BLVD.
SUITE 216
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	NORDEN, PETER R	12 NAME	
STREET ADDRESS	100 PLAZA DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	14 CITY-ST-ZIP	
TITLE	DVCS	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARTIN J	22 NAME	
STREET ADDRESS	100 PLAZA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, HELEN	32 NAME	
STREET ADDRESS	100 PLAZA DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	34 CITY-ST-ZIP	
TITLE	EVP	41 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARTIN J	42 NAME	
STREET ADDRESS	100 PLAZA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, TIMOTHY	52 NAME	
STREET ADDRESS	100 PLAZA DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SECAUCUS NJ 07094	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 attachment with an address.

SIGNATURE: Timothy P. O'Neill 3/28/95 201-863-1200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0395000 FP