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 MAR 31 AM 11:12

DOCUMENT # **F93000004646 (6)**

1. Corporation Name
COUNTRYWIDE CAPITAL MARKETS, INC.

Principal Place of Business	Mailing Address
155 N. LAKE AVE. PASADENA CA 91101	155 N. LAKE AVE. PASADENA CA 91101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1993	3a. Date of Last Report: 04/11/1994
4. FEI Number: NOT APPLICABLE	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SSTE 105
TALLAHASSEE FL 32301

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 the date of signing (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	SECRETARY ☐ Change ☒ Addition
NAME	MOZILO, ANGELO R	12 NAME	SAMUELS, SANDOR E.
STREET ADDRESS	155 N. LAKE AVE.	13 STREET ADDRESS	155 NORTH LAKE AVENUE
CITY ST ZIP	PASADENA CA 91101	14 CITY ST ZIP	PASADENA, CALIFORNIA91101
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	KURLAND, STANFORD L	22 NAME	
STREET ADDRESS	155 N. LAKE AVE.	23 STREET ADDRESS	
CITY ST ZIP	PASADENA CA 91101	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOEB, DAVID S	32 NAME	
STREET ADDRESS	155 N. LAKE AVE.	33 STREET ADDRESS	
CITY ST ZIP	PASADENA CA 91101	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BARTLETT, KEVIN W	42 NAME	
STREET ADDRESS	155 N. LAKE AVE.	43 STREET ADDRESS	
CITY ST ZIP	PASADENA CA 91101	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SAMBOL, DAVID	52 NAME	
STREET ADDRESS	155 N. LAKE AVE.	53 STREET ADDRESS	
CITY ST ZIP	PASADENA CA 91101	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DINIUS, RAYMOND L	62 NAME	
STREET ADDRESS	155 N. LAKE AVE.	63 STREET ADDRESS	
CITY ST ZIP	PASADENA CA 91101	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 above, or on an attachment with an address.

SIGNATURE: Sandor E. Samuels 03/27/95 (818) 666-5769
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0393004 CP