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 JUN 20 AM 8:30

DOCUMENT # F94000000101 (5)

1. Corporation Name
FRANKLIN MORTGAGE CAPITAL CORPORATION

Principal Place of Business	Mailing Address
3190 FAIRVIEW PARK DR. SUITE 200 FALLS CHURCH VA 22042	3190 FAIRVIEW PARK DR. SUITE 200 FALLS CHURCH VA 22042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report
4. FEI Number: 54-1435648 — 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 Jacksonville	26 6700 Southpoint Pkwy
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Suite 500
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32216 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		13.	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	TERRY, STEPHEN P	1.2 NAME	
STREET ADDRESS	3190 FAIRVIEW PARK DR.	1.3 STREET ADDRESS	Please See Attached
CITY ST ZIP	FALLS CHURCH VA 22042	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	HEITZ, JAMES R	2.2 NAME	
STREET ADDRESS	34 EXECUTIVE PARK	2.3 STREET ADDRESS	
CITY ST ZIP	IRVINE CA 92714	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	BUMPUS, ZACHARY A	3.2 NAME	
STREET ADDRESS	3190 FAIRVIEW PARK DR.	3.3 STREET ADDRESS	
CITY ST ZIP	FALLS CHURCH VA 22042	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	YUEN, MARTIN	4.2 NAME	
STREET ADDRESS	34 EXECUTIVE PARK	4.3 STREET ADDRESS	
CITY ST ZIP	IRVINE CA 92714	4.4 CITY ST ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	BODELL, ROBERT M	5.2 NAME	
STREET ADDRESS	3190 FAIRVIEW PARK DR.	5.3 STREET ADDRESS	
CITY ST ZIP	FALLS CHURCH VA 22042	5.4 CITY ST ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	SZYMANSKI, JAMES T	6.2 NAME	
STREET ADDRESS	34 EXECUTIVE PARK	6.3 STREET ADDRESS	
CITY ST ZIP	IRVINE CA 92714	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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307724 FP