FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 S-1-96 B-63391-XC

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

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	6700 SOUTHPOINT PKWY STE 500 JACKSONIVLLE FL 32216 US

3. Date Incorporated or Qualified: **01/06/1994**
3a. Date of Last Report: **06/20/1995**

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

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

9. Name and Address of Current Registered Agent

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

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: Signature, typed or printed name of registered agent and title, if applicable — DATE: Registered Agent signature required when filing a change — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	TERRY, STEPHEN P		1.2 NAME	William D Dallas	
STREET ADDRESS	3190 FAIRVIEW PARK DR.		1.3 STREET ADDRESS	2150 North First Street	
CITY-ST-ZIP	FALLS CHURCH VA 22042		1.4 CITY-ST-ZIP	San Jose, CA 95131	
TITLE	SD	☒ DELETE	2.1 TITLE	Marc Geredes	☐ Change ☒ Addition
NAME	HEITZ, JAMES R		2.2 NAME	2150 North First Street	
STREET ADDRESS	34 EXECUTIVE PARK		2.3 STREET ADDRESS	San Jose, CA 95131	
CITY-ST-ZIP	IRVINE CA 92714		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	Andrew Pollock	☐ Change ☒ Addition
NAME	BUMPUS, ZACHARY A		3.2 NAME	6100 Southpoint Parkway, Suite 500	
STREET ADDRESS	3190 FAIRVIEW PARK DR.		3.3 STREET ADDRESS	Jacksonville, Florida 32216	
CITY-ST-ZIP	FALLS CHURCH VA 22042		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	YUEN, MARTIN		4.2 NAME	Susan Anthony	
STREET ADDRESS	34 EXECUTIVE PARK		4.3 STREET ADDRESS	2150 North First Street	
CITY-ST-ZIP	IRVINE CA 92714		4.4 CITY-ST-ZIP	San Jose, CA 95131	
TITLE	V	☒ DELETE	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	☒ DELETE	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		

CR2E034 (12/95)

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: Susan K. Anthony — 5-1-96 — 408-325-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susan K. Anthony