

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007871

**DOCUMENT # F94000001179**

Entity Name  
**FSC MORTGAGE CORPORATION**

Principal Place of Business 7240 MCKNIGHT RD PITTSBURG PA 15237 US		Mailing Address 7240 MCKNIGHT RD PTTSBURG PA 15237-3510 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
00 NOV -1 PM 3: 21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**Amended UBR**

6. Name and Address of Current Registered Agent <b>TAYLOR, DAVID R 1475 TUNGHILL DR. TALLAHASSEE FL 32311</b>				7. Name and Address of New Registered Agent Name <b>CT Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Marcey L. Smith, Asst. Secy.** 10/24/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGGIO, JOSEPH W			NAME	600003472946--1		
STREET ADDRESS	7240 MCKNIGHT RD			STREET ADDRESS	-11/21/00--01079--019		
CITY-ST-ZIP	PITTSBURGH PA 15237			CITY-ST-ZIP	*****61.25 *****61.25		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Joseph Maggio Pres** 10-23-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**COPY**