

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000003267 (1)

1. Corporation Name

FIRST NATIONWIDE MORTGAGE CORPORATION

Principal Place of Business

**SUITE 210
13401 NORTH FREEWAY
HOUSTON TX 77060**

Mailing Address

**SUITE 210
13401 NORTH FREEWAY
HOUSTON TX 77060**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:48**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 860 Stillwater Rd.

2a. Mailing Address

26 860 Stillwater Rd.

4. FEI Number

75-2544166

Applied For

Not Applicable

Suite, Apt. #, etc.

22 A-2

Suite, Apt. #, etc.

27 A-2

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 West Sacramento, CA

City & State

28 West Sacramento, CA

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 95605

Country

25 USA

Zip

29 95605

Country

30 USA

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
FORD, GERALD J
14651 DALLAS PARKWAY, SUITE 200
DALLAS TX 75240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WEBB, CARL B
14651 DALLAS PARKWAY, SUITE 200
DALLAS TX 75240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
BILLINGS, SUSAN A
13401 NORTH FREEWAY, SUITE 210
HOUSTON TX 77060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GESELL, SCOTT L
14651 DALLAS PARKWAY, SUITE 200
DALLAS TX 75240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WILKES, RICHARD E
13401 NORTH FREEWAY, SUITE 210
HOUSTON TX 77060**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MOSES, GEORGIA L
13401 NORTH FREEWAY, SUITE 210
HOUSTON TX 77060**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
FORD, GERALD J
135 Main Street
San Francisco, CA 94105** ☒ Change ☐ Addition

21 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WEBB, CARL B
135 Main Street
San Francisco, CA 94105** ☒ Change ☐ Addition

31 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSTD
BILLINGS, SUSAN A
860 Stillwater Rd. A-2
West Sacramento, CA 95605** ☒ Change ☐ Addition

41 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GESELL, SCOTT L
135 Main Street
San Francisco, CA 94105** ☒ Change ☐ Addition

51 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WILKES, RICHARD E
135 Main Street
San Francisco, CA 94105** ☒ Change ☐ Addition

61 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MOSES, GEORGIA L
860 Stillwater Rd. A-2
West Sacramento, CA 95605** ☒ Change ☐ Addition

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 110.07(3)(b), 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 I am not, or on an attachment with an address.

SIGNATURE:

Georgia Moses
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/95

916 374 6355
Telephone/Fax #