

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAR 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005275 (2)**

1. Corporation Name

ATLANTIC RESIDENTIAL MORTGAGE CORPORATION

Principal Place of Business

120 EAST BALTIMORE ST., 23RD FLOOR
BALTIMORE MD 21202

Mailing Address

120 EAST BALTIMORE ST., 23RD FLOOR
BALTIMORE MD 21202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number

51-1446568

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

CT 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	HALE, EDWIN F SR.
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	D
NAME	CICERO, JOSEPH
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	D
NAME	SCOTT, THOMAS
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	D
NAME	LEBERKNIGHT, ALAN M
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	DP
NAME	STACKHOUSE, KEITH
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202
TITLE	VS
NAME	GAST, JAMES
STREET ADDRESS	120 EAST BALTIMORE ST., 23RD FLOOR
CITY-ST-ZIP	BALTIMORE MD 21202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William J. Dahms	
1.3 STREET ADDRESS	550 Broad Street	
1.4 CITY-ST-ZIP	Newark, NJ 07102	
2.1 TITLE	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald C. Parcels	
2.3 STREET ADDRESS	550 Broad Street	
2.4 CITY-ST-ZIP	Newark, NJ 07102	
3.1 TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James B. Fitzgerald, Jr.	
3.3 STREET ADDRESS	550 Broad Street	
3.4 CITY-ST-ZIP	Newark, NJ 07102	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anthony R. Burriesci	
4.3 STREET ADDRESS	570 Broad Street	
4.4 CITY-ST-ZIP	Newark, NJ 07102	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James L. Mitchell	
5.3 STREET ADDRESS	550 Broad Street	
5.4 CITY-ST-ZIP	Newark, NJ 07102	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia A. Bicket	
6.3 STREET ADDRESS	550 Broad Street	
6.4 CITY-ST-ZIP	Newark, NJ 07102	

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 or in an attachment with an address.

SIGNATURE:

D.C. Parcels
D.C. PARCELS

2/28/95