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 FEB -2 PM 2:17

DOCUMENT # **F94000005743 (9)**

1. Corporation Name
SHAWMUT MORTGAGE COMPANY

Principal Place of Business	Mailing Address
433 S. MAIN ST. WEST HARTFORD CT 06110	433 S. MAIN ST. WEST HARTFORD CT 06110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report: N/A

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: 06-1118850 ☐ 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

WARNER, GEOFFREY C
2255 GLADES RD.
BOCA RATON FL 33431

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: G WARNER 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, JOHN	1.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT 06110	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	SPEAR, JOHN	2.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT 06110	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	ARONSON, STEVEN	3.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT 06110	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	CODY, JEANETTE	4.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT 06110	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, FRED	5.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	5.3 STREET ADDRESS	945 Great Plain Avenue	
CITY-ST-ZIP	WEST HARTFORD CT 06110	5.4 CITY-ST-ZIP	Needham, MA 02192	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNULTY, PHIL	6.2 NAME		
STREET ADDRESS	433 S. MAIN ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HARTFORD CT 06110	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)(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: [signature] Jan. 25, 1995 203-561-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104M3 FP