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 JAN 31 PM 1:53

DOCUMENT # F94000005902 (1)

1. Corporation Name
UNICOR MORTGAGE, INC.

Principal Place of Business	Mailing Address
4041 ESSEN LANE BATON ROUGE LA 70809	4041 ESSEN LANE BATON ROUGE LA 70809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report:
4. FEI Number: 72-1277659 (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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, J. TERRELL	1.2 NAME		
STREET ADDRESS	8772 WEST FAIRWAY DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70809	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	DIENES, JOHN D	2.2 NAME		
STREET ADDRESS	17801 W. AUGUSTA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP		
TITLE	VCAS	3.1 TITLE	VC/AS	☒ Change ☐ Addition
NAME	REDMAN, DALE E	3.2 NAME		
STREET ADDRESS	348 LEEWARD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70808	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, KEITH	4.2 NAME		
STREET ADDRESS	1647 PINE CREEK WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK GA 30188	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, SHERRY E	5.2 NAME		
STREET ADDRESS	10089 JEFFERSON HWY.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70809	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, LAURA T	6.2 NAME		
STREET ADDRESS	4394 FLEET DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70808	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: Sherry Anderson 1-25-95 504-924-6007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sherry Anderson Secretary

0478186 FP