

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000005902 (1)

1. Corporation Name

UNICOR MORTGAGE, INC.



Principal Place of Business

4041 ESSEN LANE  
BATON ROUGE LA 70809

Mailing Address

4041 ESSEN LANE  
BATON ROUGE LA 70809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO  
NAME BROWN, J. TERRELL  
STREET ADDRESS 8772 WEST FAIRWAY DR.  
CITY-ST-ZIP BATON ROUGE LA 70809 ☐ DELETE

TITLE VC  
NAME DIENES, JOHN D  
STREET ADDRESS 17801 W. AUGUSTA DR.  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE VCAS  
NAME REDMAN, DALE E  
STREET ADDRESS 348 LEEWARD DR.  
CITY-ST-ZIP BATON ROUGE LA ☐ DELETE

TITLE P  
NAME HOFFMAN, KEITH  
STREET ADDRESS 621 MILLGATE PLACE  
CITY-ST-ZIP BATON ROUGE LA ☒ DELETE

TITLE S  
NAME ANDERSON, SHERRY E  
STREET ADDRESS 10069 JEFFERSON HWY.  
CITY-ST-ZIP BATON ROUGE LA 70809 ☐ DELETE

TITLE T  
NAME MARTIN, LAURA T  
STREET ADDRESS 4394 FLEET DR.  
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE P ☐ Change ☒ Addition  
4.2 NAME Jim B. Buchanan, Jr.  
4.3 STREET ADDRESS 816 Woodgate Blvd  
4.4 CITY-ST-ZIP Baton Rouge, LA.

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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

CR2E034 (10/97)