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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003616 (8)

1. Corporation Name
FIDELITY NATIONAL MORTGAGE CORP.



Principal Place of Business
160 CLAIREMONT AVE.
300
DECATUR GA 30030
US

Mailing Address
160 CLAIREMONT AVE.
300
DECATUR GA 30030-2520
US

3. Date Incorporated or Qualified
07/26/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21. 3 Corporate Square

26. 3 Corporate Square

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.
Suite 700

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30329 Country
Dekalb

Zip
30329 Country
Dekalb

4. FEI Number
58-1416828

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81. Name
200002083402
82. Street Address (P.O. Box Number, Jack, Apple, etc.)
02/11/97-01049-010
83. ***165.00
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
DC	ANDERSON, JAMES W JR	160 CLAIREMONT AVE., #300	DECATUR GA	☐
DCEO	MILLER, JAMES B	160 CLAIREMONT AVE., #300	DECATUR GA	☐
D	GOLDSTEIN, MARVIN C DR	160 CLAIREMONT AVE., #300	DECATUR GA	☐
D	RUSSELL, B. JEFFERSON	160 CLAIREMONT AVE., #300	DECATUR GA	☐
DP	FADELEY, KEITH A	160 CLAIREMONT AVE., #300	DECATUR GA	☐
S	DENNEY, SHARON R.	160 CLAIREMONT AVE., #300	DECATUR GA	☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☒ Change ☐ Addition
3 Corporate Square Ste 700	Atlanta, GA 30329			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☒ Change ☐ Addition
3 Corporate Square, Ste 700	Atlanta, GA 30329			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☒ Change ☐ Addition
3 Corporate Square, Ste 700	Atlanta, GA 30329			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☒ Change ☐ Addition
3 Corporate Square, Ste 700	Atlanta, GA 30329			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☒ Change ☐ Addition
Martin, Michael	3 Corporate Square, Ste 700	Atlanta, GA 30329		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☒ Change ☐ Addition
3 Corporate Square, Ste 700	Atlanta, GA 30329			

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Martin

Date

404-639-6555

Daytime Phone #

0010662

CR2E034 (9/96)

1/3 2-10