

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

PROFIT-
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90091 011 ***150.00

DOCUMENT # F95000004092

1. Corporation Name

CRESCENT MORTGAGE SERVICES, INC.



Principal Place of Business

115 PERIMETER CENTER PLACE
SUITE 285
ATLANTA GA 30346

Mailing Address

115 PERIMETER CENTER PLACE
SUITE 285
ATLANTA GA 30346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1995

4. FEI Number

58-2173859

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME KENKNIGHT, ROBERT C
STREET ADDRESS 115 PERIMETER CENTER PLACE., STE 285
CITY-ST-ZIP ATLANTA GA 30346

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME John Cappello
1.3 STREET ADDRESS The Mill Tower, Entrance C, 300 Bedford St.
1.4 CITY-ST-ZIP Manchester NH 03101

TITLE S ☐ DELETE
NAME BOGGUS, J. DONALD J
STREET ADDRESS 115 PERIMETER CENTER PLACE., STE 285
CITY-ST-ZIP ATLANTA GA 30346

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME William Scott
2.3 STREET ADDRESS 2410 Paces Ferry Rd NW, Ste 280
2.4 CITY-ST-ZIP Atlanta, GA 30339

TITLE V ☐ DELETE
NAME LEDDY, MICHAEL P
STREET ADDRESS 115 PERIMETER CENTER PLACE., STE 285
CITY-ST-ZIP ATLANTA GA 30346

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME Ronald Schweigert
3.3 STREET ADDRESS 580 Westside Edge Dr. 1st Floor
3.4 CITY-ST-ZIP Lombard, IL 60148

TITLE V ☐ DELETE
NAME ANTHONY, PATRICIA J
STREET ADDRESS 115 PERIMETER CENTER PLACE., STE 285
CITY-ST-ZIP ATLANTA GA 30346

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME Bonnie Beling
4.3 STREET ADDRESS 251 Hwy 515
4.4 CITY-ST-ZIP Jasper GA 30143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME Wes Peterson
5.3 STREET ADDRESS 2410 Paces Ferry Rd NW, Ste 280
5.4 CITY-ST-ZIP Atlanta, GA 30339

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME Jim Couch
6.3 STREET ADDRESS 2410 Paces Ferry Rd NW, Ste 280
6.4 CITY-ST-ZIP Atlanta, GA 30339

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

F 95000004092
216 925-90091-11

CRESCENT



MORTGAGE

Additional Officers

Title: V
Name: William Fowler
Street: 115 Perimeter Center Place, Ste 285
CSZ: Atlanta GA 30346

Title: V
Name: Joan Tyrell
Street: The Mill Tower, Entrance C, 300 Bedford St.
CSZ: Manchester NH 03101

Title: V
Name: Parthiv Dave
Street: 115 Perimeter Center Place, Ste 285
CSZ: Atlanta GA 30346

Title: V
Name: Jim Payne
Street: 115 Perimeter Center Place, Ste 285
CSZ: Atlanta GA 30346