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

PROFIT-CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F95000004092 1. Corporation Name

CRESCENT MORTGAGE SERVICES, INC.

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

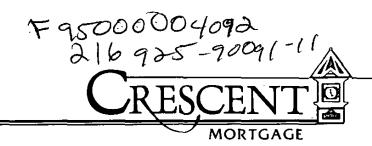
03-11-1999 90091 011 ***150.00



Principal Place	of Business	Mailing Ad	dress			
115 PERIMETER	CENTER PLACE	115 PERIME	TER CENTER PLAC	E		
SUITE 285		SUITE 285	•			DO NOT WRITE IN THIS SPACE
ATLANTA GA 30	346	atlanta G	ATLANTA GA 30346			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/22/1995
2 Dringing Di	non of Business	2a. Mailing	Address			4. FEI Number Applied For
			-			58-2173859 Not Applicable
21 Suite Ant 4	t ata	26 Suite A	Suite, Apt. #, etc.			_ \$8.75 Additional
			.p, o.o.			5. Certifcate of Status Desired Fee Required
22 27 City & State City & State						6. Election Campaign Financing S5.00 May Be
—	•	├ ── '				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible
}− , '	· وسم		30	1 1		Personal Property Tax.
24	9. Name and Address of Current	29 Pagistared A				10. Name and Address of New Registered Agent
<u> </u>	9. Name and Address of Current	Kedistered X	gent	81	Name	
СТС	CORPORATION SYSTEM			L.		
	SOUTH PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)
i	ITATION FL 33324			83		
, , ,	ITATION I E 30024			63		
				84	City	FI 85 Zip Code
1 Control of the control of the control of the control of the purpose of changing its registered						
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 ar	n familiar with, and accept the obligati	ions of, Section	1 607.0505, Florida	Statutes	•	· ·
SIGNATURE (NOTE: Registered Apart signature (equified when reinstating)						
	Signature, typed or printed name of registered agent				t signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	DIRECTORS	DELETE	13.		Change Addition
TITLE	P		L) DECE IE	l		Tab Constla
NAME	KENKNIGHT, ROBERT C			1.2 NAME		John Cappello The Mill Tower, Enemure C, 300 Bedford ST.
STREET ADDRESS	115 PERIMETER CENTER PLAC	E., SIE 285		1.3 STREET		The Mill lower, Williams
CITY-ST-ZIP	ATLANTA GA 30346		□ 05\ FTF	1.4 CITY-S	T-ZIP	Manchester Not 03/01 Change Pladition
TITLE	S		☐ DELETE	2.1 TITLE		}
NAME	Boggus, J. Donald J			2.2 NAME		William Scott-
STREET ADDRESS	115 PERIMETER CENTER PLAC	E., STE 285		2.3 STREET	ADDRESS	2410 Paces Ferry Rel NW, Ste 280
CITY-ST-ZIP	ATLANTA GA 30346			2.4 CITY-S	T-ZIP	Atlanta GA 30339
TITLE	V		☐ DELETÉ	3.1 TITLE		✓ □ Change □ Addition
NAME	LEDDY, MICHAEL P			32 NAME		Ronald Schweisert
STREET ADDRESS	115 PERIMETER CENTER PLAC	E., STE 285		3.3 STREE	ADDRESS	Rorald Schwerzert 580 waters Edge On 151 Floor Lombard, IL 60148
CITY-ST-ZIP	ATLANTA GA 30346	•		3.4. CITY- S	T-ZIP	Lonbard, IL 60148
TITLE	V		☐ DELETE	4.1 TITLE		V/T Change Addition
NAME	ANTHONY, PATRICIA J			4 2 NAME		Bonnie Boling
STREET ADDRESS	115 PERIMETER CENTER PLAC	E., STE 285		4.3 STREET	ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	_, _, _		4.4 CITY-S		5-mc 64 30143
TITLE	AIDAITA GI 00010		DELETE	5,1 TITLE		Change Addition
NAME				5.2 NAME		wes Atterson
l I				5.3 STREE	(ADDRESS	a
STREET ADDRESS				5.4 CITY-S		
CITY-ST-ZIP			DELETE	61 TMLE		Atlente, G.4. 30339
TITLE			ب محدداد	6.2 NAME		1.0
NAME				6.3 STREE	L VUUBEGG	Jim Couch 24w Acces Ferry Rd Arw, Ste 280
STREET ADDRESS						A. A
CITY-ST-ZIP				6.4 CITY-S	1-411	Arlana, 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 frustee 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:



Additional Officers

Title:

Name: William Fowler

Street: 115 Perimeter Center Place, Ste 285

Atlanta GA 30346 CSZ:

Title:

Name: Joan Tyrell

The Mill Tower, Entrance C, 300 Bedford St. Street:

Manchester NH 03101 CSZ:

V Title:

Name: Parthiv Dave

Street: 115 Perimeter Center Place, Ste 285

Atlanta GA 30346 CSZ:

V Title:

Name: Jim Payne

Street: 115 Perimeter Center Place, Ste 285

CSZ: Atlanta GA 30346