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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005530 (9)

1. Corporation Name

SIGNET MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

ATTN: RICHARD Z. GRIMM  
101 GATEWAY PARKWAY, 1ST FLOOR  
RICHMOND VA 23235

ATTN: RICHARD Z. GRIMM  
101 GATEWAY PARKWAY, 1ST FLOOR  
RICHMOND VA 23235-5153



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1995		3a. Date of Last Report 04/24/1996	
21		26		4. FEI Number 54-0974281		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country					
24		25					
		29					
		30					

9. Name and Address of Current Registered Agent

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, RANDOLPH W	1.2 NAME	
STREET ADDRESS	101 GATEWAY PARKWAY, 1ST FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23235	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOSTRAND, NANCY L	2.2 NAME	Sr, Vice President
STREET ADDRESS	7125 THOMAS EDISON DRIVE	2.3 STREET ADDRESS	William Minor
CITY-ST-ZIP	COLUMBIA MD 21046	2.4 CITY-ST-ZIP	101 Gateway Centre Parkway 1st floor
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROHN, CLIFFORD A JR	3.2 NAME	Compliance Officer
STREET ADDRESS	101 GATEWAY PARKWAY, 1ST FLOOR	3.3 STREET ADDRESS	Richard Z. Grimm
CITY-ST-ZIP	RICHMOND VA 23235	3.4 CITY-ST-ZIP	101 Gateway Centre Parkway 1st floor
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, CERENA L	4.2 NAME	
STREET ADDRESS	101 GATEWAY PARKWAY, 4TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23235	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SARA R	5.2 NAME	
STREET ADDRESS	7 NORTH EIGHTH STREET, 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23260	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, MALCOLM S	6.2 NAME	
STREET ADDRESS	7 NORTH EIGHTH STREET, 6TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23260	6.4 CITY-ST-ZIP	

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 by an attachment with an address.

SIGNATURE: \_\_\_\_\_ Richard Z. Grimm 1-14-97 (804)560-2085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0000613

CR2E034 (9/96)