

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001443 (8)

1. Corporation Name

OLD DOMINION MORTGAGE CO., INC.

Principal Place of Business

271 ROUTE 46 WEST, SUITE A203
FAIRFIELD NJ 07004

Mailing Address

271 ROUTE 46 WEST, SUITE A203
FAIRFIELD NJ 07004

FILED
98 FEB 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 132 W. Greenbrook Road	26 132 W Greenbrook Road	4. FEI Number 22-3241642	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 N. Caldwell, NJ	28 N Caldwell, NJ	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24 07006	25 USA	30 07006 30 USA	

9. Name and Address of Current Registered Agent

DOUTHIRT, JAMES M.
2401 WEST BAY DRIVE
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name
Denise M. Drews
82 Street Address (P.O. Box Number is Not Acceptable)
308 La Hacienda
83
84 City
Indian Rocks Beach FL 85 Zip Code
33785

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE Denise M. Drews, Manager

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Denise M. Drews Feb. 4, 1998

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	DERICK, WILLIAM L JR	1.2 NAME	
STREET ADDRESS	56 ORTON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST CALDWELL NJ 07006	1.4 CITY - ST - ZIP	700002445817--9
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	03/03/98--01035-017
NAME	DERICK, PHYLLIS P	2.2 NAME	****150.00 ****150.00
STREET ADDRESS	56 ORTON ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST CALDWELL NJ 07006	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITMAN, MADELINE	3.2 NAME	
STREET ADDRESS	2756 COVERED BRIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRICK NY 11566	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)