

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

001323

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90013 023 \*\*\*150.00

DOCUMENT # F97000000521

1. Corporation Name  
HOME EQUITY USA, INC.

Principal Place of Business  
6 EXECUTIVE PARK DR  
ATLANTA GA 30329

Mailing Address  
6 EXECUTIVE PARK DR  
ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

58-2279963

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 PCD ☐ DELETE  
NAME ARMSTRONG, D F  
STREET ADDRESS 6 EXECUTIVE PARK DR  
CITY-ST-ZIP ATLANTA GA 30329

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVPA ☐ DELETE  
NAME BRAUN, C L  
STREET ADDRESS 6 EXECUTIVE PARK DR  
CITY-ST-ZIP ATLANTA GA 30329

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SVPA ☒ DELETE  
NAME MACKIE, J H  
STREET ADDRESS 6 EXECUTIVE PK DR, NE  
CITY-ST-ZIP ATLANTA GA 30329

3.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Eugene M. McQuade  
3.3 STREET ADDRESS One Federal St  
3.4 CITY-ST-ZIP Boston, MA 02110

TITLE S ☐ DELETE  
NAME MUTHERPEACE, W C  
STREET ADDRESS ONE FED WAY  
CITY-ST-ZIP BOSTON MA 02110

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME William C Mutterperl  
4.3 STREET ADDRESS One Federal St  
4.4 CITY-ST-ZIP

TITLE TYP ☐ DELETE  
NAME FLETCHER, C  
STREET ADDRESS 6 EXECUTIVE PK DR, NE  
CITY-ST-ZIP ATLANTA GA 30329

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MOYNIHAN, B T  
STREET ADDRESS ONE FED WAY  
CITY-ST-ZIP BOSTON MA 02110

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS One Federal St  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cory Braun, SVP

4/14/99

Date

(404) 679-7900

Daytime Phone #

CR2E034 (11/98)