

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90108 004 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000000539**

1. Corporation Name

**HOMESIDE MORTGAGE SECURITIES, INC.**



Principal Place of Business 7301 BAYMEADOWS WAY JACKSONVILLE FL 32256	Mailing Address 7301 BAYMEADOWS WAY JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2957725	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	<input type="checkbox"/> DELETE		1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKETT, JOE K			1.2 NAME	Joe Pickett		
STREET ADDRESS	2735 SCOTT MILL TERRACE			1.3 STREET ADDRESS	7301 Baymeadows Way		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	President & COO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRI, HUGH R			2.2 NAME	Hugh Harris		
STREET ADDRESS	7721 HUNTERS GROVE ROAD			2.3 STREET ADDRESS	10110 Whipponwill Ln		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	Exec. Vice President & Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACOBS, ROBERT J			3.2 NAME	Robert Jacobs		
STREET ADDRESS	10929 KNOTTINGBY DRIVE			3.3 STREET ADDRESS	14310 Mandarin Rd		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville, FL 32223		
TITLE	VAS	<input type="checkbox"/> DELETE		4.1 TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAJDA, THOMAS A			4.2 NAME	Thomas Hajda		
STREET ADDRESS	156 SEA ISLAND DR			4.3 STREET ADDRESS	230 Colima Ct. # 918		
CITY-ST-ZIP	PONTE VEDRA FL			4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Kevin D. Race		
STREET ADDRESS				5.3 STREET ADDRESS	8140 Presidential Dr.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Jacksonville, FL 32256		
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(1)(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: *Steven W. Scarborough* STEVEN W. SCARBOROUGH 4/24/99 904-281-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)