

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # F98000000539

1. Entity Name

HOMESIDE MORTGAGE SECURITIES, INC.

Principal Place of Business

7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

Mailing Address

7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256-6826

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	PICKETT, JOE K	
STREET ADDRESS	730 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	HARRI, HUGH R	
STREET ADDRESS	10110 WHIPPOORWILL LN	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	JACOBS, ROBERT J	
STREET ADDRESS	14310 MANDARIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HAJDA, THOMAS A	
STREET ADDRESS	230 COLINA CT #918	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RACE, KEVIN D	
STREET ADDRESS	8140 PRESIDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe K Pickett	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh R. Harris	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVPS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Jacobs	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin D. Race	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

04-24-2000 90166 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Glasgow, William

Full Name: William Glasgow, Jr.
Job Title: Exec. VP
10113-429 Whippoorwill Ln
Jacksonville, FL 32256
Bus: (904) 281-3300
Bus Fax: (904) 281-3350

Hajda, Thomas A.

Full Name: Thomas A. Hajda
Job Title: Senior VP
230 Colima Ct
#918
Ponte Vedra Beach, FL 32082
Bus: (904) 281-3292
Bus Fax: (904) 281-3062

Harris, Hugh R.

Full Name: Hugh R. Harris
Job Title: Director, CEO Homeside Lending, Inc.
10110 Whippoorwill Lane
Jacksonville, FL 32256
Bus: (904) 281-3484
Bus Fax: (904) 281-3745

Jacobs, Robert J.

Full Name: Robert J. Jacobs
Job Title: Director, Exec. VP & Secretary
14310 Mandarin Rd
Jacksonville, FL 32223
Bus: (904) 281-3422
Bus Fax: (904) 281-3062

Johnson, Mark F.

Full Name: Mark F. Johnson
Job Title: Exec. VP
907 Greenridge Rd
Jacksonville, FL 32207
Bus: (904) 281-3266
Bus Fax: (904) 281-7550

Krakau, James L.

Full Name: James L. Krakau
Job Title: First VP & Treasurer
13625 Marsh Landing Drive
Jacksonville, FL 32225
Bus: (904) 281-3330

Pickett, Joe Keith

Full Name: Joe Keith Pickett
Job Title: Director, Chairman & CEO Homeside Int'l,
Inc. & Chairman HSL
1824 Epping Forest Way South
Jacksonville, FL 32217
Bus: (904) 281-3233
Bus Fax: (904) 281-3745

Race, Kevin D.

Full Name: Kevin D. Race
Job Title: Director, President & COO
8140 Presidential Dr
Jacksonville, FL 32256
Bus: (904) 281-3338
Bus Fax: (904) 281-7968

Scarbrough, Steven W.

Full Name: Steven W. Scarbrough
Job Title: Vice President & Tax Director
11536 Alexis Forest Dr. E
Jacksonville, FL 32258
Bus: (904) 281-3997
Bus Fax: (904) 281-3760

Scheuble, Daniel T.

Full Name: Daniel T. Scheuble
Job Title: Exec. VP
352 S. Nine Dr.
Ponte Vedra Beach, FL 32082
Bus: (904) 281-7592
Bus Fax: (904) 281-7550

Wilson, W. Blake

Full Name: W. Blake Wilson
Job Title: CFO
104 Kingfisher Dr.
Ponte Vedra Beach, FL 32082
Bus: (904) 281-3728
Bus Fax: (904) 281-7968