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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F98000006413**

1. Corporation Name
HOMESIDE FUNDING CORPORATION

Principal Place of Business	Mailing Address
7301 BAYMEADOWS WAY ROOM 219 JACKSONVILLE FL 32256	7301 BAYMEADOWS WAY ROOM 219 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/23/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3535591 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIECHMANN, PAMELA J 7301 BAYMEADOWS WAY JACKSONVILLE FL 32256	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, JOE K		1.2 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY ROOM 219		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, HUGH R		2.2 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY ROOM 219		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, ROBERT J		3.2 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY ROOM 219		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STROUD, JOSEPH O JR.		4.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, G. ALAN		5.2 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY ROOM 219		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RACE, KEVIN D		6.2 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY ROOM 219		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Steven W. Scarbrough STEVEN W. SCARBROUGH 4/29/99 904-781-5777
Name and Title Date Daytime Phone #

F98000006413
444828-90129-41

Francis, Betty L.

Full Name: Betty L. Francis
Job Title: Exec. VP & Asst. Secretary
12834 Mandarin Rd
Jacksonville, FL 32223
Bus: (904) 281-7884
Bus Fax: (904) 281-7968

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: President & COO
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: 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

Pickett, Joe Keith

Full Name: Joe Keith Pickett
Job Title: Chairman & CEO
7301 Baymeadows Way
Jacksonville, FL 32256
Bus: (904) 281-3233
Bus Fax: (904) 281-3745

Race, Kevin D.

Full Name: Kevin D. Race
Job Title: Exec. VP, CFO, & Treasurer
8140 Presidential Dr
Jacksonville, FL 32256
Bus: (904) 281-3338
Mobile: (904) 281-7968
Bus Fax: 904

Scarbrough, Steven W.

Full Name: Steven W. Scarbrough
Job Title: Asst. 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: Exec. VP
104 Kingfisher Dr.
Ponte Vedra Beach, FL 32082
Bus: (904) 281-3728
Bus Fax: (904) 281-7968