

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000604**

1. Entity Name

**PARKWAY MORTGAGE SOUTHEAST, INC.**

Principal Place of Business

**5949 SHERRY LANE, STE 1900  
DALLAS TX 75225**

Mailing Address

**5949 SHERRY LANE, STE 1900  
DALLAS TX 75225**

2. Principal Place of Business

**5949 Sherry Lane**

Suite, Apt. #, etc.

**Suite 1900**

City &amp; State

**Dallas, Texas**

Zip

**75225**

Country

**USA**

3. Mailing Address

**5949 Sherry Lane**

Suite, Apt. #, etc.

**Suite 1900**

City &amp; State

**Dallas, Texas**

Zip

**75225**

Country

**USA**

4. FEI Number

**75-2766799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

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) **XX****FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	<b>PDT</b>	<b>XX Delete</b>
NAME	<b>MORAN, J B</b>	
STREET ADDRESS	<b>1700 GALLOPING HILL ROAD</b>	
CITY-ST-ZIP	<b>KENILWORTH NJ</b>	

TITLE	<b>VSD</b>	<b>XX Delete</b>
NAME	<b>FEHON, JAMES T</b>	
STREET ADDRESS	<b>1700 GALLOPING HILL ROAD</b>	
CITY-ST-ZIP	<b>KENILWORTH NJ</b>	

TITLE	<b>V</b>	<b>XX Delete</b>
NAME	<b>BROMLEY, GLENN S</b>	
STREET ADDRESS	<b>1700 GALLOPING HILL ROAD</b>	
CITY-ST-ZIP	<b>KENILWORTH NJ</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James T. Fehon</b>	
STREET ADDRESS	<b>1700 Galloping Hill Road</b>	
CITY-ST-ZIP	<b>Kenilworth, NJ 07033</b>	

TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph A. Ethridge</b>	
STREET ADDRESS	<b>5949 Sherry Lane, Suite 1900</b>	
CITY-ST-ZIP	<b>Dallas, TX 75225</b>	

TITLE	<b>Sr. VP &amp; CFO &amp; Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Zak</b>	
STREET ADDRESS	<b>1700 Galloping Hill Road</b>	
CITY-ST-ZIP	<b>Kenilworth, NJ 07033</b>	

TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Heather Kreager</b>	
STREET ADDRESS	<b>5949 Sherry Lane, Suite 1900</b>	
CITY-ST-ZIP	<b>Dallas, TX 75225</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**Joseph A. Ethridge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-24-01**

Date

**214-210-5000**

Daytime Phone #

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90108 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)