FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G07762 (9)

1. Corporation Name

~~ALLEGIANCE MORTGAGE CORPORATION~~ Interlachen Servicing Company, formerly Allegiance Mortgage Corporation

Principal Place of Business	Mailing Address
~~1900 LEE RD.~~ ~~SUITE 109~~ ~~ORLANDO FL 32810~~ ~~US~~	~~1500 LEE RD.~~ ~~SUITE 109~~ ~~ORLANDO FL 32810~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 225 Swoope Avenue	26 P.O. Box 1916
Suite, Apt. #, etc. 22 Suite 110	Suite, Apt. #, etc. 27
City & State 23 Maitland, Florida	City & State 28 Winter Park Florida
Zip / Country 24 32751 / 25 Orange	Zip / Country 29 32790 / 30 Orange

4. FEI Number: 59-2333982 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MARLIN, DETWEILER~~ ~~1500 LEE RD.~~ ~~SUITE 109~~ ~~ORLANDO FL 32810~~	81 Name: C. Baxter Bode 82 Street Address (P.O. Box Number is Not Acceptable): 225 Swoope Avenue 83 Suite 110 84 City: Maitland FL 85 Zip Code: 32751

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 X CBB DATE X 4.11.95
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	~~PD~~	1.1 TITLE	P,S,T & D	XX Change ☐ Addition
NAME	~~DETWEILER, MARLIN~~	1.2 NAME	C. Baxter Bode	
STREET ADDRESS	~~1500 LEE RD., SUITE 109~~	1.3 STREET ADDRESS	225 Swoope Avenue, Suite 110	
CITY-ST-ZIP	~~WINTER PARK FL~~	1.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	~~VD~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~DETWEILER, LAURIE~~	2.2 NAME		
STREET ADDRESS	~~1500 LEE RD., SUITE 109~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: CBB 4.11.95 (407) 539-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064261 CP