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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:13

DOCUMENT # **G33607** **(4)**

1. Corporation Name
FIRST FAMILY HOME EQUITY, INC.

Principal Place of Business	Mailing Address
250 CARPENTER FREEWAY CORP TAX DEPT IRVING TX 75062 US	P.O. BOX 660237 N/A CORP. TAX DEPT. DALLAS TX 75266-0237 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1983	3a. Date of Last Report: 04/25/1994
4. FEI Number: 58-1976678	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (Signature, type or print 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	CHALMERS, ALAN K.	12 NAME	
STREET ADDRESS	4362 PEACHTREE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	VPT	21 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JOHN	22 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	23 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COPELAND, WALTER	32 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	33 STREET ADDRESS	
CITY ST ZIP	IRVING TX	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, TIMOTHY	42 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	43 STREET ADDRESS	
CITY ST ZIP	IRVING TX	44 CITY ST ZIP	
TITLE	AVAS	51 TITLE	☐ Change ☐ Addition
NAME	GREENE, PATRICK J	52 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	53 STREET ADDRESS	
CITY ST ZIP	IRVING TX	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LONGENECKER, CHESTER D	62 NAME	
STREET ADDRESS	250 CARPENTER FREEWAY	63 STREET ADDRESS	
CITY ST ZIP	IRVING TX	64 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)(k), 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: Patrick J. Greene 3/31/95 214-541-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0392784 CP