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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J33658** **(2)**

1. Corporation Name

BANCBOSTON MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
7301 BAYMEADOWS WAY P. O. BOX 44090 JACKSONVILLE FL 32231	7301 BAYMEADOWS WAY P. O. BOX 44090 JACKSONVILLE FL 32231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/18/1986**
3a. Date of Last Report: **02/09/1994**

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

4. FEI Number: **59-2725415** ☐ 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
FISH, THOMAS H 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	CD	11 TITLE		☐ Change ☐ Addition
NAME	PICKETT, JOE K	12 NAME		600001468286
STREET ADDRESS	7301 BAYMEADOWS WAY	13 STREET ADDRESS		-04/28/95--01056--001
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP		***1800.00 ****200.00
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MANNING, PETER J	22 NAME		
STREET ADDRESS	100 FEDERAL STREET	23 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	24 CITY ST ZIP		
TITLE	FV	31 TITLE	FV	XX Change ☐ Addition
NAME	JONATHAN R. POWELL	32 NAME	Betty L. Francis	
STREET ADDRESS	7301 BAYMEADOWS WAY	33 STREET ADDRESS	7301 Baymeadows Way	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, FL 32256	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	HARRIS, HUGH R	42 NAME		
STREET ADDRESS	7301 BAYMEADOWSS WAY	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GIFFORD, CHARLES K.	52 NAME		
STREET ADDRESS	100 FEDERAL ST.	53 STREET ADDRESS		
CITY ST ZIP	BOSTON MA	54 CITY ST ZIP		
TITLE	VS	61 TITLE		☐ Change ☐ Addition
NAME	FISH, THOMAS H.	62 NAME	$M 4/27	
STREET ADDRESS	7301 BAYMEADOWS WAY	63 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	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)(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: Thomas H. Fish — Thomas H. Fish — 4/25/95 — (904) 281-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023970 CP