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 -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54785** **(5)**

1. Corporation Name
APSB REO VI, INC.

Principal Place of Business	Mailing Address
4200 W CYPRESS STREET ATTN: SUBSIDIARIES P.O. BOX 20587 TAMPA FL 33622	245 PEACHTREE CENTER AVENUE SUITE 1100 ATLANTA GA 30303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/01/1990	03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 245 Peachtree Center Ave.	26
Suite, Apt. #, etc. 22 Ste. 1100	Suite, Apt. #, etc. 27
City & State 23 Atlanta, GA	City & State 28
Zip / Country 24 30303 / 25 USA	Zip / Country 29 / 30

4. FEI Number **59-3131916** ☐ 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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 100001452071 82 Street Address (P.O. Box Number is Not Acceptable) 04/10/95--01046--005 83 ****208.75 ****208.75 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	DP	11 TITLE	D/P ☒ Change ☐ Addition
NAME	SMARTT, ROBERT L	12 NAME	Richard Corrigan
STREET ADDRESS	245 PEACHTREE CENTER AVE S1100	13 STREET ADDRESS	245 Peachtree Center Ave.Ste. 1100
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, Ga/ 30303
TITLE	VP	21 TITLE	D/VP/AS ☒ Change ☐ Addition
NAME	CORRIGAN, RICHARD	22 NAME	Lamar V. Hallman
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	23 STREET ADDRESS	245 Peachtree Center Ave.Ste/ 1100
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE	DST	31 TITLE	DST ☒ Change ☐ Addition
NAME	STRICKLAND, EDD M.	32 NAME	J. Michael Barganier
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	33 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	VP/AS
STREET ADDRESS		43 STREET ADDRESS	Deborah Y. Chandler
CITY-ST-ZIP		44 CITY-ST-ZIP	245 Peachtree Center Ave. Ste. 1100
TITLE		51 TITLE	Atlanta, GA. 30303 ☐ Change ☒ Addition
NAME		52 NAME	VP/AS
STREET ADDRESS		53 STREET ADDRESS	Faye O. Haack
CITY-ST-ZIP		54 CITY-ST-ZIP	245 Peachtree Center Ave. Ste. 1100
TITLE		61 TITLE	Atlanta, GA. 30303 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	4-7-95 MBT

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 the 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: _____ 4/4/95 404-266-4262
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Corrigan, President

0003994 CP