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 MAR 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03447 (0)

1. Corporation Name
STATE SAVINGS MORTGAGE COMPANY

Principal Place of Business	Mailing Address
3800 W. DUBLIN-GRANVILLE RD. DUBLIN OH 43017	3800 W. DUBLIN-GRANVILLE RD. DUBLIN OH 43017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1984
3a. Date of Last Report: 03/24/1994

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

4. FEI Number: 31-1163109 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	1.1 TITLE		☐ Change ☐ Addition
NAME	SHACKELFORD, DONALD B.	1.2 NAME		
STREET ADDRESS	6020 HAVENS ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAHANNA OH	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	REESE, DAVID E.	2.2 NAME		
STREET ADDRESS	7348 RED LEDGE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AR	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	WAYNE BAILEY	3.2 NAME		
STREET ADDRESS	7373 SCOTTSDALE #290	3.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCFARLAND, ALLAN B.	4.2 NAME	McFarland, Allan B.	
STREET ADDRESS	570 EVENING ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	WORTHINGTON OH	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☒ Change ☐ Addition
NAME	KAMBEITZ, STEPHEN J.	5.2 NAME	No longer officer	
STREET ADDRESS	7193 FITZUILLIAM	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT, WILLIAM A.	6.2 NAME		
STREET ADDRESS	14002 N 57TH PL	6.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ	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)(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 addition.

SIGNATURE: X William A. Robert 3.9.95 602-951-7521
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0478106 FP