

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P03447** (0)

1. Corporation Name

STATE SAVINGS MORTGAGE COMPANY



Principal Place of Business

**3800 W. DUBLIN-GRANVILLE RD.
DUBLIN OH 43017**

Mailing Address

**3800 W. DUBLIN-GRANVILLE RD.
DUBLIN OH 43017**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
09/21/1984

3a. Date of Last Report
03/27/1995

4. FE 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

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 ☒

Signature typed or printed name of registered agent and title if applicable

NOT: Registered Agent signature required when not state agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CD
SHACKELFORD, DONALD B.
6020 HAVENS ROAD
GAHANNA OH**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
REESE, DAVID E.
7348 RED LEDGE DRIVE
SCOTTSDALE AR**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
WAYNE BAILEY
7373 SCOTTSDALE #290
SCOTTSDALE AZ**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MCFARLAND, ALLAN B.
578 EVENING ST.
WORTHINGTON OH**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
ROBERT, WILLIAM E.
14002 N 57TH PL
SCOTTSDALE AZ**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☒ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

**7350 E. Evans Rd.
Scottsdale, AZ**

**William A. Robert
7350 E. Evans Rd.
Scottsdale, AZ**

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEPARTMENT OF STATE

CR2E034 (12/95)