FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

. . PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P03869

1. Corporation Name

B.F. Saul Mortgage Company

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 **Tax Dept. 5th Floor**	26 **Tax Dept. 5th Floor**
Suite, Apt. #, etc. 22 **8401 Connecticut Ave.**	Suite, Apt. #, etc. 27 **8401 Connecticut Ave.**
City & State 23 **Chevy Chase, MD**	City & State 28 **Chevy Chase, MD**
Zip 24 **20815** Country 25	Zip 29 **20815** Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/29/84	**05/01/95**

4. FEI Number: **52-1440906** ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC **Saul, B. Francis II** **8401 Connecticut Avenue** **Chevy Chase, MD 20815**	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**AVP** **Varbero, Dorene** **8401 Connecticut Avenue** **Chevy Chase, MD 20815** ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP **Larson, David** **8401 Connecticut Avenue** **Chevy Chase, MD 20815**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V **Campbell, Guy F. III** **8401 Connecticut Avenue** **Chevy Chase, MD 20815**	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V **Palmer, Katherine M.** **8401 Connecticut Avenue** **Chevy Chase, MD 20815**	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001783494 -04/17/96--01025--016 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT **Jackman, Paul N.** **8401 Connecticut Avenue** **Chevy Chase, MD. 20815**	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/16/96 CMC
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S **McLendon, C. Keith** **8401 Connecticut Avenue** **Chevy Chase, MD 20815**	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Dorene G. Varbero Dorene G. Varbero 4/5/96 (301) 986-7236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #