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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P03869**

(5)

1. Corporation Name

B. F. SAUL MORTGAGE COMPANY



Principal Place of Business

Mailing Address

**TAX DEPT 5TH FL
8401 CONNECTICUT AVE
CHEVY CHASE MD 20815**

**TAX DEPT 5TH FL
8401 CONNECTICUT AVE
CHEVY CHASE MD 20815**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1984	
21	Suite, Apt. #, etc. Tax Dept., 8th Floor	26	Suite, Apt. #, etc. Tax Dept., 8th Floor	4. FEI Number 52-1440906	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	AVP
NAME	SAUL, B. FRANCIS II	1.2 NAME	Linda F. Priebe
STREET ADDRESS	8401 CONNECTICUT AVENUE	1.3 STREET ADDRESS	8401 Connecticut Avenue
CITY-ST-ZIP	CHEVY CHASE MD	1.4 CITY-ST-ZIP	Chevy Chase, MD 20815
TITLE	DP	2.1 TITLE	
NAME	LARSON, DAVID	2.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	2.4 CITY-ST-ZIP	
TITLE	AVP	3.1 TITLE	
NAME	VARBERO, DORENE	3.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	PALMER, KATHERINE M	4.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	JACKMAN, PAUL N	5.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	MCLENDON, C K	6.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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

CR2E034 (10/97)