

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 005 ***150.00

DOCUMENT # P03869

1. Corporation Name

B. F. SAUL MORTGAGE COMPANY

Principal Place of Business

TAX DEPT 5TH FL
8401 CONNECTICUT AVENUE
CHEVY CHASE MD 20815
US

Mailing Address

TAX DEPT 5TH FL
8401 CONNECTICUT AVENUE
CHEVY CHASE MD 20815
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1984

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 owes the current year Intangible
Personal Property Tax.

☐

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SAUL, B. FRANCIS II	
STREET ADDRESS	8401 CONNECTICUT AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	PRIEBE, LINDA F	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	VARBERO, DORENE	
STREET ADDRESS	8401 CONNECTICUT AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMER, KATHERINE M	
STREET ADDRESS	8401 CONNECTICUT AVENUE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JACKMAN, PAUL N	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCLENDON, C K	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Linda F. Priebe SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/13/99
Date

301-986-6866
Daytime Phone #

CR2E034 (11/98)