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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06649 (8)

1. Corporation Name

COMPASS MORTGAGE CORPORATION



Principal Place of Business

701 S. 32ND ST.
BIRMINGHAM AL 35233
US

Mailing Address

ACCOUNTING DIVISION
P.O. BOX 10566
BIRMINGHAM AL 35296

3. Date Incorporated or Qualified
07/03/1985

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 607.1505, 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, if that applies.

Signature typed or printed name of officer or director, if that applies.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME JONES, D PAUL JR
STREET ADDRESS 15 SOUTH 20TH STREET
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME POWELL, JERRY W
STREET ADDRESS 15 SOUTH 20TH STREET
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME HEGEL, GARRETT R.
STREET ADDRESS 15 SOUTH 20TH STREET
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☒ DELETE

NAME LAUGHLIN, WALTER H.
STREET ADDRESS 15 SOUTH 20TH STREET
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME BEAN, MICHAEL A.
STREET ADDRESS 701 S. 32ND ST.
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Bean 4/22/96 (205) 558-5724

CR2E034 (12/95)