## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2000 8:00 am Secretary of State DOCUMENT # **P06649** 1. Entity Name COMPASS MORTGAGE CORPORATION 05-22-2000 90038 010 \*\*\*150.00 Principal Place of Business Mailing Address 701 S. 32ND ST. ACCOUNTING DIVISION P.O. BOX 10566 BIRMINGHAM AL 35233 BIRMINGHAM AL 35296-0001 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0644123 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired èee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE JONES, D PAUL JR NAME NAME <u>=</u> 15 SOUTH 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Addition Change ☐ Delete TITLE POWELL, JERRY W NAME NAME 15 SOUTH 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BIRMINGHAM AL** ☐ Delete TITLE Change ☐ Addition HEGEL, GARRETT R. NAME 15 SOUTH 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL TITLE CAO ☐ Delete TITLE ☐ Change ☐ Addition Journy. Timothy NAME NAME 701 S 32ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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Trustly L. Journy CAO 4/27/2000 205-558-5724 SIGNATURE: \_ NO TYPED OF PRINTED NAME OF

changed, or on an attachment with an address, with all other like empowered.

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if