


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90033 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07038

1. Corporation Name
CORINTHIAN MORTGAGE CORPORATION

Principal Place of Business 5700 BROADMOOR 500 MISSION KS 66202 US	Mailing Address 5700 BROADMOOR 500 MISSION KS 66202 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1985	4. FEI Number 64-0713034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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																								
<table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>WOOD, EDGAR R.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5700 BROADMOOR - SUITE 500</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MISSION KS</td><td></td></tr></table>	TITLE	PD	<input type="checkbox"/> DELETE	NAME	WOOD, EDGAR R.		STREET ADDRESS	5700 BROADMOOR - SUITE 500		CITY-ST-ZIP	MISSION KS		<table><tr><td>1.1 TITLE</td><td>Director</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td>Harry Brock III</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td>118 Jefferson Street</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td>Huntsville, AL 35801</td><td></td></tr></table>	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	Harry Brock III		1.3 STREET ADDRESS	118 Jefferson Street		1.4 CITY-ST-ZIP	Huntsville, AL 35801	
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Gulinson, Exec. V.P. 1/5/99

(913) 236-1000

Date

Daytime Phone #

CR2E034 (1/98)