


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90082 041 ***150.00

DOCUMENT # P08472

1. Entity Name
TRANSOUTH MORTGAGE CORPORATION



Principal Place of Business: **% ASSOCIATES CORP OF NORTH AMERICA
 250 CARPENTER FREEWAY
 IRVING, TX 75062 US**

Mailing Address: **300 ST PAUL PLACE
 BSP 10D
 BALTIMORE, MD 21202 US**

50031560

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country



03142005 Chg-P CR2E034 (10/03)

4. FEI Number: **57-0356496** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP	NAME: BAYLESS, JERRY W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 2208 HIGHWAY #121, SUITE 100	CITY-ST-ZIP: BEDFORD, TX 76021	
TITLE: D	NAME: GOFF, HARRY D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 15800 JOHN J. DELANEY DRIVE	CITY-ST-ZIP: CHARLOTTE, NC 28277	
TITLE: EVP	NAME: NICHOLS, R. STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 250 CARPENTER FREEWAY	CITY-ST-ZIP: IRVING, TX 75062	
TITLE: DVPS	NAME: WONG, MARTIN J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 300 ST PAUL PLACE	CITY-ST-ZIP: BALTIMORE, MD 21202	
TITLE: SVP	NAME: BAIN, D.W. DAVID	<input type="checkbox"/> Delete
STREET ADDRESS: 250 CARPENTER FREEWAY	CITY-ST-ZIP: IRVING, TX 75062	
TITLE: VP	NAME: JONES, JOHN I	<input type="checkbox"/> Delete
STREET ADDRESS: 300 ST PAUL PLACE	CITY-ST-ZIP: BALTIMORE, MD 21202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DIRECTOR/PRESIDENT	NAME: MARY McDowell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2208 HIGHWAY 121	CITY-ST-ZIP: Bedford, TX 76021	
TITLE: DIRECTOR/TREASURER	NAME: PAUL PANEK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2208 Highway 121	CITY-ST-ZIP: Bedford, TX 76021	
TITLE: DIRECTOR/ Sr VICE Pres	NAME: DAVID SATTELFIELD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 2208 Highway	CITY-ST-ZIP: Bedford, TX 76021	
TITLE: SECRETARY	NAME: TERESA M. BAER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 300 ST. PAUL PLACE	CITY-ST-ZIP: BALTIMORE, MD 21202	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* _____ *TERESA M. BAER 3/28/05 410-332-3057*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #