

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90170 006 ***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 100
BALTIMORE MD 21202
US

30027845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0356496**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BAYLESS, JERRY W**
STREET ADDRESS **2208 HIGHWAY #121, SUITE 100**
CITY-ST-ZIP **BEDFORD TX 76021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOFF, HARRY D**
STREET ADDRESS **15800 JOHN J. DELANEY DRIVE**
CITY-ST-ZIP **CHARLOTTE NC 28277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Delete
NAME **NICHOLS, R. STEPHEN**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **IRVING TX 75062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPS** ☐ Delete
NAME **WONG, MARTIN J**
STREET ADDRESS **300 ST PAUL PLACE**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **BAIN, D.W. DAVID**
STREET ADDRESS **250 CARPENTER FREEWAY**
CITY-ST-ZIP **IRVING TX 75062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JONES, JOHN I**
STREET ADDRESS **300 ST PAUL PLACE**
CITY-ST-ZIP **BALTIMORE MD 21202**

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John I. Jones 2/11/03 (40) 332-3000
Daytime Phone #

CR2E034 (10/02)