2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12782

Entity Name: FIRST FIDELITY MORTGAGE CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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TWO RAVINIA DR., SUITE 1600 TWO RAVINIA DRIVE ATLANTA, GA 30346

SUITE 1600

ATLANTA, GA 30346

Current Mailing Address: New Mailing Address:

TWO RAVINIA DR., SUITE 1600 TWO RAVINIA DRIVE

ATLANTA, GA 30346 **SUITE 1600**

ATLANTA, GA 30346

FEI Number: 58-1715107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATTERSON, BOND & LATSHAW P 3010 S THIRD ST JACKSONVILLE, FL 32250

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: (X) Change () Addition

MARTIN, JOHN KELL MARTIN, JOHN KELL Name: Name: 3460 TUXEDO RD, NW 3460 TUXEDO RD, NW Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA 30305

Title: Title: () Change () Addition () Delete

LELINE, A, WESTCOTT JR. Name: Name: 590 MEADOWS CREEK DR Address: Address: ALPHARETTA, GA 30005 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition SC SC

MORESHEAD, BRENDA L Name: STARR, MAUREEN L Name: 8571 BIRCH HOLLOW DRIVE 220 TOWERGATE PLACE Address: Address: City-St-Zip: ROSWELL, GA 30076 City-St-Zip: ATLANTA, GA 30350

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN S STARR SC 04/29/2009