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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P12869** **(4)**

1. Corporation Name

BARCLAYSAMERICAN/MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
5032 PARKWAY PLAZA BLVD BUILDING 8 CHARLOTTE NC 28217 US	P. O. BOX 31488 - TAX DEPT CHARLOTTE NC 28231-1488 US

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 4828 PARKWAY PLAZA
22 Suite, Apt. #, etc. 200
23 City & State CHARLOTTE, NC
24 Zip 28217 25 Country USA

2a. Mailing Address
26 222 BROADWAY
27 Suite, Apt. #, etc. 10TH FLOOR-TAX
28 City & State NEW YORK, NY
29 Zip 10038 30 Country USA

4. FEI Number: 56-1416801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☑ DELETE	1.1 TITLE	PRES/CEO/D	☐ Change ☑ Addition
NAME	BEAL, DAVID W.		1.2 NAME	BLAINE C. SHORT	
STREET ADDRESS	5032 PARKWAY PLAZA BLVD., #8		1.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE 200	
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	
TITLE	VAS	☑ DELETE	2.1 TITLE	TRES	☐ Change ☑ Addition
NAME	BELETSIS, CLEO		2.2 NAME	MARSHALL BESSINGER	
STREET ADDRESS	5032 PARKWAY PLAZA, #8		2.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE 200	
CITY-ST-ZIP	CHARLOTTE NC		2.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	
TITLE	EVP	☑ DELETE	3.1 TITLE	SECRETARY/DIR	☐ Change ☑ Addition
NAME	BARRENTINE, JERRY R.		3.2 NAME	MARGARET GRIEVE	
STREET ADDRESS	5032 PARKWAY PLAZA BLVD., #8		3.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE 200	
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	
TITLE	V	☐ DELETE	4.1 TITLE	VICE PRES	☑ Change ☐ Addition
NAME	MURPHY, SHEILA C.		4.2 NAME		
STREET ADDRESS	5032 PARKWAY PLAZA BLVD, #8		4.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE 200	
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	
TITLE	DC	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	WEBB, RICHARD M.		5.2 NAME	IRVING COHEN	
STREET ADDRESS	5032 PARKWAY PLAZA BLVD., #8		5.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE 200	
CITY-ST-ZIP	CHARLOTTE NC		5.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	
TITLE	EVP	☑ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	BINGHAM, JEAN C.		6.2 NAME	STEVE LOMBARDO	
STREET ADDRESS	5032 PARKWAY PLAZA BLVD., #8		6.3 STREET ADDRESS	4828 PARKWAY PLAZA, STE200	
CITY-ST-ZIP	CHARLOTTE NC		6.4 CITY-ST-ZIP	CHARLOTTE, NC 28217	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sheila C. Murphy SHEILA MURPHY 4/8/96 (704)357-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #