SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
~~1996~~ - 1997

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

**DOCUMENT #** P12869

1. Corporation Name: BarclaysAmerican/Mortgage Corporation

| Principal Place of Business | Mailing Address |
|---|---|
| 222 Broadway - 10th Floor<br>New York, NY 10038 | 222 Broadway - 10th Fl.<br>New York, NY 10038 |

3. Date Incorporated or Qualified: 1/12/87
3a. Date of Last Report: 4/8/96

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 222 Broadway | 26 222 Broadway |
| Suite, Apt. #, etc.<br>22 10th Floor | Suite, Apt. #, etc.<br>27 10th Floor-Tax Dept. |
| City & State<br>23 New York, NY | City & State<br>28 New York, NY |
| ZIP / Country<br>24 10038 / 25 USA | ZIP / Country<br>29 10038 / 30 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 | 10. Name and Address of New Registered Agent |
|---|---|
| CT Corporation System<br>1200 S. Pine Island Road<br>Plantation, FL 33324 | 81 Name: N/A<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 ZIP |

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 _____ 4/4/97
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 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Blaine C. Short<br>4828 Parkway Plaza, STE 200<br>Charlotte, NC 28217 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Marshall Bessinger<br>4828 Parkway Plaza, Ste 200<br>Charlotte, NC 28217 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Margaret M. Grieve<br>222 Broadway-10th Floor<br>New York, NY 10038 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>RAW 5/7/97 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Sheila C. Murphy<br>4828 Parkway Plaza, Ste 200<br>Charlotte, NC 28217 ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Vice President<br>Ann Davis<br>222 Broadway - 10th Floor<br>New York, NY 10038 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Steve Lombardo<br>4828 Parkway Plaza, Ste 200<br>Charlotte, NC 28217 ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>Steve Lombardo<br>222 Broadway - 10th Floor<br>New York, NY 10038 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Irving Cohen<br>4828 Parkway Plaza, Ste 200<br>Charlotte, NC 28217 ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>600002181286<br>-05/16/97--01046--031<br>***165.00 |

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 4/4/97 (212)412-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C63152
12-03-96