

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90170 049 \*\*\*150.00

**DOCUMENT # P16215**

**1. Entity Name**  
**PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC**



**Principal Place of Business**

**%JUDY DAVIS**  
**3120 BRECKINRIDGE BLVD**  
**DULUTH GA 30099-0001**  
**US**

**Mailing Address**

**%JUDY DAVIS**  
**3120 BRECKINRIDGE BLVD**  
**DULUTH GA 30099-0001**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **58-1742510**

Applied For

Not Applicable

**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 S. PINE ISLAND ROAD**  
**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** **PD** ☐ Delete  
**NAME** **WILLIAMS, GLENN J**  
**STREET ADDRESS** **3120 BRECKENRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

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

**TITLE** **CFO** ☐ Delete  
**NAME** **GRUBENHOFF, SHARON K**  
**STREET ADDRESS** **3120 BRECKENRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

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

**TITLE** **VS** ☐ Delete  
**NAME** **KENDALL, ROSS**  
**STREET ADDRESS** **3120 BRECKINRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

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

**TITLE** **AS** ☐ Delete  
**NAME** **TROLLINGER, JUDY**  
**STREET ADDRESS** **3120 BRECKENRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

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

**TITLE** **AS** ☐ Delete  
**NAME** **ROBBINS, CATHERINE C**  
**STREET ADDRESS** **3120 BRECKENRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

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

**TITLE** **AS** ☐ Delete  
**NAME** **ATCHESON, RICHARD**  
**STREET ADDRESS** **3120 BRECKINRIDGE BLVD**  
**CITY-ST-ZIP** **DULUTH GA 30099**

**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 when all other like empowered.**

**SIGNATURE:**

*Richard Atcheson* **Richard Atcheson/Asst. Secy**

**1/10/03**

**770-564-6149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc. # P 16215  
20013652

**PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC.**

***OFFICERS AND DIRECTORS***

**OFFICERS**

Glenn J. Williams  
Ross Kendall  
Jeffrey M. Read  
Sharon K. Grubenhoff  
Denise W. Wheatley  
Joseph Almeida  
John M. De George  
Chris Howard  
Claude O. Marsh  
Nasser Mehrzad  
Ronald F. Schmitt, Sr.  
Hector Vega  
Steven G. Winters  
Louise V. Vitale  
Richard W. Atcheson  
Judy Trollinger  
Catherine C. Robbins

President  
Vice President/Secretary  
Vice President  
Chief Financial Officer/Treasurer  
Assistant Vice President  
Assistant Vice President for Hawaii  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for Nevada  
Assistant Vice President for New Jersey  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary

**DIRECTORS**

Jeffrey M. Read  
Glenn J. Williams

**ADDRESS**

3120 Breckinridge Boulevard  
Duluth, Georgia 30099-0001