FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (8) AMERICAN FINANCIAL MORTGAGE CORP. Principal Place of Business Mailing Address 1150 FIRST AVENUE. SUITE 900 KING OF PRUSSIA PA 19406 1150 FIRST AVENUE. SUITE 900 KING OF PRUSSIA PA 19406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1988 2. Principal Place of Busines 2a. Mailing Address FFI Number Applied For 21 23-2513301 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Flection Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 ☐ No 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD B2 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code FL 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 Stach change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) inform typedian pointed riginal of regetived dejent and the it applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11100 NAME FLATLEY, THOMAS F 1.2 NAME 1150 FIRST AVENUE, SUITE 900 STREET ADDRESS 1.3 STREET ADDRESS KING OF PRUSSIA PA 19408 CHTY-ST-ZIP 1.4 CITY - ST-ZIP DELETE THEF **EVPT** Change Addition 21 DILE EGELKAMP, SCOTT J NAME 2.2 NAME 1150 FIRST AVENUE, SUITE 900 STREET ADDRESS 2.3 STREET ADDRESS KING OF PRUSSIA PA 19406 CITY-ST-ZIP 2 4 City St-Zie DELETE Addition TITLE Change 3.1 TITLE SEIDMAN, HOWARD NAME 3.2 NAME 1150 FIRST AVENUE, SUITE 900 STREET ADDRESS 3.3 STREET ADDRESS KING OF PRUSSIA PA CITY-ST-ZIP 3.4. C/TY - ST - Z/P DELFTE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DILETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5 4 CITY - ST - 21P TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 annual report is suppliemental annual report is too and accurate and that my signature shall have the same legal effect as if made under early whereit is office or director of the comparation or the receiver of trustees enjoyment of the exprovered 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 one in attachment with any address.

SIGNATURE:

FILED

610-992-4823

4/29/98