

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P19859 (8)**  
1. Corporation Name  
**INSIGNIA MORTGAGE AND INVESTMENT COMPANY, INC.**



Principal Place of Business  
**ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC 29602  
US**

Mailing Address  
**P.O. BOX 1089  
GREENVILLE SC 29602  
US**

3. Date Incorporated or Qualified **06/28/1988** 3a. Date of Last Report **03/07/1995**

4. FEI Number **57-0858244** 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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1506, 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

Signature, typed or printed name of registered agent and fee applicable

Printed Name of Agent as registered when resigning

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **P** ☐ DELETE  
NAME **BEAM, JOHN M., JR.**  
STREET ADDRESS **101 HEATHERBROOK ROAD**  
CITY-STATE-ZIP **GREENVILLE SC**

TITLE **C** ☐ DELETE  
NAME **LONG, MARTHA**  
STREET ADDRESS **ONE INAIGERIA FIREGAIL PLAZ**  
CITY-STATE-ZIP **GREENVILLE SC**

TITLE **AS** ☐ DELETE  
NAME **BUECHLER, KELLEY M.**  
STREET ADDRESS **1175 HAYWOOD RD.**  
CITY-STATE-ZIP **GREENVILLE SC**

TITLE **S** ☐ DELETE  
NAME **URETTA, RONALD**  
STREET ADDRESS **ONE SHELTER PLACE**  
CITY-STATE-ZIP **GREENVILLE SC**

TITLE **D** ☒ DELETE  
NAME **PAGE, WILLIAM N.**  
STREET ADDRESS **132 HUMMINGBIRD RIDGE**  
CITY-STATE-ZIP **GREENVILLE SC**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **V/S**  
3.3 STREET ADDRESS **LINES, JOHN K.**  
3.4 CITY-STATE-ZIP **ONE INSIGNIA FINANCIAL PLAZA**  
**GREENVILLE, SC**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **V/T**  
4.3 STREET ADDRESS **URETTA, RONALD**  
4.4 CITY-STATE-ZIP **ONE SHELTER PLACE**  
**GREENVILLE, SC.**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **JARRARD, WILLIAM H.**  
5.4 CITY-STATE-ZIP **ONE INSIGNIA FINANCIAL PLAZA**  
**GREENVILLE, SC.**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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)(e), 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: *Marttha Long* **MARTHA LONG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (864) 239-1141  
D.S. Daytime Phone #

CR2E034 (12/95)