FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:46

DOCUMENT # **P21818** **(0)**

1. Corporation Name
PATRICIAN MORTGAGE COMPANY

Principal Place of Business	Mailing Address
4800 MONTGOMERY LANE. SUITE 200 BETHESDA MD 20814-2341	4800 MONTGOMERY LANE. SUITE 200 BETHESDA MD 20814-2341

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/18/1988**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **52-1403015** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
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 name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BEASLEY, GAYE G.	12 NAME	
STREET ADDRESS	4800 MONTGOMERY LANE 200	13 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	COMINGS, WILLIAM D	22 NAME	
STREET ADDRESS	4800 MONTGOMERY LANE 200	23 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☒ Addition
NAME	DYER, PAULA	32 NAME	N/A
STREET ADDRESS	4800 MONTGOMERY LANE 200	33 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PHARIS, CATHERINE	42 NAME	
STREET ADDRESS	4800 MONTGOMERY LANE 200	43 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HAYNES, WALTER	52 NAME	
STREET ADDRESS	2 WISCONSIN CIR 400	53 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	54 CITY-ST-ZIP	
TITLE	VT	61 TITLE	☐ Change ☐ Addition
NAME	MARTIN, HELEN	62 NAME	
STREET ADDRESS	4800 MONTGOMERY LANE 200	63 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	64 CITY-ST-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 3/27/95 (301) 718-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number
Helen Sue Martin, Vice President & Treasurer

0474A02 FP