

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1994.  
AMOUNT DUE ON OR BEFORE 8/1/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P23525 (9)

1. Corporation Name

REALTY SERVICING ASSOCIATION CORPORATION

Principal Place of Business

49 FOSTER ST  
MERIDEN CT 06430

Mailing Address

49 FOSTER ST  
MERIDEN CT 06430

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/22/1989                                                                                                                   | 3a. Date of Last Report<br>02/07/1994 |
| 4. FEI Number<br>06-1212208                                                                                                                                       | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 190.002,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 24                             | 25                  |
| 29                             | 30                  |

9. Name and Address of Current Registered Agent

MULLINS, ANN  
7705 S.W. 6TH COURT  
FT LAUDERDALE FL 33068

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                  |
|-----------------|------------------|
| TITLE           | P                |
| NAME            | MULLINS, DAN     |
| STREET ADDRESS  | 49 FOSTER ST.    |
| CITY - ST - ZIP | MERIDEN CT       |
| TITLE           | D                |
| NAME            | TRUSKA, CINDY    |
| STREET ADDRESS  | 221 MILLER AVE.  |
| CITY - ST - ZIP | MERIDEN CT 06450 |
| TITLE           | D                |
| NAME            | MULLINS, MIKE    |
| STREET ADDRESS  | 221 MILLER AVE.  |
| CITY - ST - ZIP | MERIDEN CT 06450 |
| TITLE           | D                |
| NAME            | MULLINS, ANDREW  |
| STREET ADDRESS  | 221 MILLER AVE.  |
| CITY - ST - ZIP | MERIDEN CT 06450 |
| TITLE           | D                |
| NAME            | MULLINS, ANN M   |
| STREET ADDRESS  | 221 MILLER AVE.  |
| CITY - ST - ZIP | MERIDEN CT 06450 |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME            |                                                                   |
| 1 3 STREET ADDRESS  |                                                                   |
| 1 4 CITY - ST - ZIP |                                                                   |
| 2 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 2 NAME            |                                                                   |
| 2 3 STREET ADDRESS  |                                                                   |
| 2 4 CITY - ST - ZIP |                                                                   |
| 3 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME            |                                                                   |
| 3 3 STREET ADDRESS  |                                                                   |
| 3 4 CITY - ST - ZIP |                                                                   |
| 4 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME            |                                                                   |
| 4 3 STREET ADDRESS  |                                                                   |
| 4 4 CITY - ST - ZIP |                                                                   |
| 5 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME            |                                                                   |
| 5 3 STREET ADDRESS  |                                                                   |
| 5 4 CITY - ST - ZIP |                                                                   |
| 6 1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME            |                                                                   |
| 6 3 STREET ADDRESS  |                                                                   |
| 6 4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (If Required)

DAN MULLINS

7/24/95

CR2E034 (3/95)