

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

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95 MAY -1 AM 6:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT #
1. Corporation Name
Mellon Mortgage Company

P27504

Principal Place of Business Mailing Address
3100 Travis Street 3100 Travis Street
Houston, TX 77006-3699 Houston, TX 77006-3699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1989** 3a. Date of Last Report: **2-9-94**

4. FEI Number: **25-1235281** Applied For: **Net 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**

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324				B1	Name		
				B2	Street Address (P O Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 of registered agent or registered office) (NOTE: Registered Agent signature required after incorporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solheim, Richard L.	12 NAME	
STREET ADDRESS	3100 Travis St.	13 STREET ADDRESS	
CITY, ST, ZIP	Houston, TX 77006-3699	14 CITY, ST, ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Katherine K.	22 NAME	
STREET ADDRESS	3100 Travis St.	23 STREET ADDRESS	
CITY, ST, ZIP	Houston, TX 77006-3699	24 CITY, ST, ZIP	
TITLE	T.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kula, Michael J.	32 NAME	
STREET ADDRESS	3100 Travis St.	33 STREET ADDRESS	
CITY, ST, ZIP	Houston, TX 77006-3699	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rzasnicki, Peter	42 NAME	
STREET ADDRESS	3100 Travis St.	43 STREET ADDRESS	
CITY, ST, ZIP	Houston, TX 77006-3699	44 CITY, ST, ZIP	
TITLE	C/E/O	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rzasnicki, Peter	52 NAME	
STREET ADDRESS	3100 Travis St	53 STREET ADDRESS	
CITY, ST, ZIP	Houston, TX 77006-3699	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I 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)(a), 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 or business 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: *Katherine K. Watkins* 5/1/95 (713) 525-8271
 KATHERINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katherine K. Watkins, General Counsel & Corporate Secretary