

2000 UNIFORM BUSINESS REPORT (UBR)

0000047

DOCUMENT # P27773

1. Entity Name

FT MORTGAGE COMPANIES

Principal Place of Business

Mailing Address

2345 GRAND AVE #2200
KANSAS CITY MO 64108

111 MARKET PL ATTN LAURA TURNER
STE 700
BALTIMORE MD 21202-4035

2. Principal Place of Business

No Change

3. Mailing Address

No Change

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0875093

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GLASS, J. KENNETH
STREET ADDRESS ~~8304 W. WESTFAIR CIRCLE~~ 414 River Oaks
CITY-ST-ZIP GERMANTOWN TN

TITLE Senior Vice President ☐ Change ☒ Addition
NAME Charles W. McGuire
STREET ADDRESS 4136 Double Tree Lane
CITY-ST-ZIP Hampsted, MD 21074

TITLE P ☐ Delete
NAME WITHEROW, JAMES B
STREET ADDRESS 2236 HAWTHORNE AVE
CITY-ST-ZIP FT WORTH TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME BOOTH, RONALD G.
STREET ADDRESS 4101 NORTH TROOST
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BROWN, ERIC S.
STREET ADDRESS 12656 SHERWOOD
CITY-ST-ZIP LEAWOOD KS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME O'GRADY, TIMOTHY A
STREET ADDRESS 11834 PERRY, #512
CITY-ST-ZIP OVERLAND PARK KS 66210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles W. McGuire

2/3/00

(410) 244-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)