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 APR -3 PM 4:36

DOCUMENT # **P28384** **(6)**

1. Corporation Name
BANC ONE MORTGAGE CORPORATION

Principal Place of Business
BANC ONE CENTER
MONUMENT CIRCLE
INDIANAPOLIS IN 46204-5100

Mailing Address
BANC ONE CENTER
MONUMENT CIRCLE
INDIANAPOLIS IN 46277-0104
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1990
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 100 East Broad Street
Suite, Apt. #, etc.
27
City & State
28 Columbus, OH
Zip 29 43271-0252 Country 30

4. FEI Number: 53-0181904 ☐ 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

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, J. ALBERT	12 NAME	Gaia, Jeffrey P.	
STREET ADDRESS	BANC ONE CENTER	13 STREET ADDRESS	111 Monument Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	14 CITY-ST-ZIP	Indianapolis, IN 46277	
TITLE	VPD	21 TITLE	VP	☒ Change ☐ Addition
NAME	HINKLE, DONALD E	22 NAME	Hinkle, Donald E.	
STREET ADDRESS	111 MONUMENT CIR	23 STREET ADDRESS	111 Monument Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	24 CITY-ST-ZIP	Indianapolis, IN 46277	
TITLE	D	31 TITLE	SD/Hamer, David R.	☒ Change ☐ Addition
NAME	HENN, EUGENE E.	32 NAME	111 Monument Circle	
STREET ADDRESS	BANC ONE CENTER	33 STREET ADDRESS	Indianapolis, IN 46277	
CITY-ST-ZIP	INDIANAPOLIS IN	34 CITY-ST-ZIP		
TITLE	VPT	41 TITLE	VP	☐ Change ☐ Addition
NAME	HART, CRAIG F.	42 NAME	Hart, Craig F.	
STREET ADDRESS	BANC ONE CENTER	43 STREET ADDRESS	111 Monument Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	44 CITY-ST-ZIP	Indianapolis, IN 46277	
TITLE	D	51 TITLE	TD	☒ Change ☐ Addition
NAME	HOREN, I. RICHARD	52 NAME	William Naryka B.	
STREET ADDRESS	BANC ONE CENTER	53 STREET ADDRESS	111 Monument Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	54 CITY-ST-ZIP	Indianapolis, IN 46277	
TITLE	D	61 TITLE	VPD	☒ Change ☐ Addition
NAME	BARNETTE, JOSEPH D., JR.	62 NAME	Terry Gantry L.	
STREET ADDRESS	BANC ONE CENTER	63 STREET ADDRESS	111 Monument Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	64 CITY-ST-ZIP	Indianapolis, IN 46277	

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: for Donald E. Hinkle 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD E. HINKLE

0479909 FP