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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**

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

DOCUMENT # **P29863** (8) 183

1. Corporation Name:  
**MONOGRAM HOME EQUITY CORPORATION**

Principal Place of Business  
**260 LONG RIDGE ROAD  
P.O. BOX 8109  
STAMFORD CT 06927**

Mailing Address  
**260 LONG RIDGE ROAD  
P.O. BOX 8109  
STAMFORD CT 06927**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>06/20/1990</b>                                                                                                       |  | 3a. Date of Last Report<br><b>03/04/1994</b> |  |
| 4. FEI Number<br><b>06-1297232</b>                                                                                                                           |  | Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                 |  | \$8.75 Additional Fee Required               |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                        |  | \$5.00 May Be Added to Fees                  |  |
| 8. This corporation has liability for intangible tax under § 109.01?<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                              |  |

|                                                                                                                                          |  |                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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

| 12. OFFICERS AND DIRECTORS |                                                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD<br>HAJTUN, STEPHEN D.<br>1600 SUMMER STREET<br>STAMFORD CT    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | S<br>BELCAMINO, BEVERLY A.<br>1600 SUMMER STREET<br>STAMFORD CT  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | V<br>GRAHAM, STEVE<br>15 CAMPUS DRIVE<br>SOMERSET NJ             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | V<br>PALMER, JOHN C.<br>15 CAMPUS STREET<br>SOMERSET NJ          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | AV<br>MEAD, ALEXANDRA<br>15 CAMPUS STREET<br>SOMERSET CT         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | AT<br>FIORE, DOMINIC<br>777 LONG RIDGE ROAD<br>STAMFORD CT 06927 | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                  | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                  | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                                                                  | 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE:

ORIGINAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER  
STATE TAXES

4/21/95

Original Filed

P29863

**CORPORATE OFFICERS OF  
MONOGRAM HOME EQUITY CORPORATION**

Stephen D. Hajrun  
President  
10 Augusta Court  
Park City, Utah 84060  
SS # 229-66-0303  
Birthdate 8-27-46

Business Address  
2180 South 1300 East  
Salt Lake City, UT 84106

Stephen J. Graham  
Executive Vice President  
115 Mt. Rascal Road  
Hackettstown, NJ 07840  
SS # 147-50-7097  
Birthdate 7-27-54

Business Address  
285 Davidson Avenue  
Somerset, NJ 08875

Peter K. Ringger  
Senior Vice President  
2494 East 3720 South  
Salt Lake City, Utah 84109  
SS # 529-58-7709  
Birthdate 12-12-44

Business Address  
2180 South 1300 East  
Salt Lake City, Utah 84106

Russ McAtee  
Senior Vice President/Secretary  
1280 E. Sanders Cir.  
Sandy, Utah 84094  
SS # 372-74-9383

Business Address  
2180 South 1300 East  
Salt Lake City, Utah 84106

John C. Palmer  
Vice President  
4995 Harvey Road  
Bethlehem, PA 18017  
SS # 200-42-5874  
Birthdate 6-27-52

Business Address  
285 Davidson Avenue  
Somerset, NJ 08875

OSCAR L GARZA  
ASSISTANT Treasurer - STATE TAXES  
4211 Metro Parkway  
FT Myers, FL.

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FT Myers, FL