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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P31121
 1. Corporation Name

COLLATERAL AGENCY, INC.

Principal Place of Business: 517 DEERING STREET BIRMINGHAM, AL 35210
 Mailing Address: 517 DEERING STREET BIRMINGHAM, AL 35210

3. Date Incorporated or Qualified: 09/28/1990
 3a. Date of Last Report: 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1900 Crestwood Blvd.	26 1900 Crestwood Blvd.	63-6007227	Not Applicable
22	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Birmingham, AL	28 Birmingham, AL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 35210	25 Jefferson	29 35210	30 Jefferson
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
 1200 S. Pine Island Road
 Plantation, FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD	NAME: RATLIFF, W.T., JR.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1900 CRESTWOOD BLVD	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	1.2 NAME:	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: PTD	NAME: RATLIFF, WILLIAM T., III	1.4 CITY-STATE-ZIP:	
STREET ADDRESS: 1900 CRESTWOOD BLVD.	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE: EVPS	NAME: WHITEHURST, DAVID W.	2.3 STREET ADDRESS:	
STREET ADDRESS: 517 DEERING STREET	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	2.4 CITY-STATE-ZIP:	
	<input type="checkbox"/> DELETE	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: RATLIFF, J. K. V.	3.2 NAME:	
STREET ADDRESS: 1900 CRESTWOOD BLVD	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	3.3 STREET ADDRESS:	1812 UNIVERSITY BLVD
	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP:	TUSCALOOSA, AL 35401
TITLE: VP	NAME: OSWALT, MICHAEL R.	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 517 DEERING STREET	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	4.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS:	600002145946
TITLE: V	NAME: MCLAUGHLIN, T. H.	4.4 CITY-STATE-ZIP:	-04/17/97--01025--024
STREET ADDRESS: 1900 CRESTWOOD BLVD	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	5.1 TITLE:	***173.75
	<input type="checkbox"/> DELETE	5.2 NAME:	
TITLE: VP	NAME: SMITH, KIMBERLY L.	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 517 DEERING STREET	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	5.4 CITY-STATE-ZIP:	
	<input type="checkbox"/> DELETE	6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: MCLAUGHLIN, T. H.	6.2 NAME:	
STREET ADDRESS: 517 DEERING STREET	CITY-STATE-ZIP: BIRMINGHAM, AL 35210	6.3 STREET ADDRESS:	517 DEERING STREET
	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP:	BIRMINGHAM, AL 35210

14. 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 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: T.H. Mclaughlin, Jr. T.H. MCLAUGHLIN, JR. 4/7/97 205/951-4010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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ADDITIONAL OFFICERS

- 7.1 V
- 7.2 Charles W. Wall
- 7.3 1900 Crestwood Blvd.
- 7.4 Birmingham, AL 35210