

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90175 003 ***150.00

DOCUMENT # P33398

1. Corporation Name

CONTIMORTGAGE CORPORATION

Principal Place of Business

338 SOUTH WARMINSTER ROAD
HATBORO PA 19040-3430

Mailing Address

338 SOUTH WARMINSTER ROAD
HATBORO PA 19040-3430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1991

4. FEI Number

23-2484900

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPCT ☐ DELETE

NAME EGAN, DANIEL J.
STREET ADDRESS 2000 ROSEMARIE WAY
CITY-ST-ZIP HATFIELD PA

TITLE SVCC ☐ DELETE

NAME GIBBONS, MARY LOURDES
STREET ADDRESS 335 LAKE VIEW AVE
CITY-ST-ZIP DREXELL HILL PA

TITLE CD ☐ DELETE

NAME MOORE, JAMES E.
STREET ADDRESS 155A E 71ST ST. #1
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ DELETE

NAME BIGHAM, JAMES
STREET ADDRESS 6 WEST 77TH ST. #6A
CITY-ST-ZIP NEW YORK NY 10024

TITLE P ☐ DELETE

NAME MAJOR, ROBERT A
STREET ADDRESS 1576 MERRYWEATHER DR
CITY-ST-ZIP BETHLEHEM PA

TITLE V ☐ DELETE

NAME BABJAK, ROBERT J
STREET ADDRESS 86 BRIANWOOD DR
CITY-ST-ZIP HOLLAND PA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

/S/CO

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

V/D

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert A. Major
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

215-347-3407

Daytime Phone #

CR2E034 (11/98)