

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

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P35370 (6)
1. Corporation Name
THE MORTGAGE CORNER, INC.

FILED
97 MAR 18 PM 2:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
ONE JEFFERSON SQUARE
P.O. BOX 10300
WATERBURY CT 06726-0300
US

Mailing Address
ONE JEFFERSON SQUARE
P.O. BOX 10300
WATERBURY CT 06726-0300
US

3. Date of Incorporation or Qualification 09/03/1991 3a. Date of Last Report 03/20/1996

4. FEIN Number 06-1290214 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
201 HAY STREET SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83 City Tallahassee
84 State FL 85 Zip Code 32301

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 any (circle)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	P + D
NAME	BANACH, K. JOY	1.2 NAME	James E. Maynor
STREET ADDRESS	41 WYNGATE DRIVE	1.3 STREET ADDRESS	301 S. Tryon St.
CITY-ST-ZIP	AVON CT	1.4 CITY-ST-ZIP	Charlotte, NC 28288-1080
TITLE	D	2.1 TITLE	T
NAME	BRYNILDSEN, RICHARD S.	2.2 NAME	James H. Hatch
STREET ADDRESS	214 HIGHWOOD DR.	2.3 STREET ADDRESS	301 S. Tryon St.
CITY-ST-ZIP	S. GLASTONBURY CT	2.4 CITY-ST-ZIP	Charlotte NC 28288-0201
TITLE	D	3.1 TITLE	S
NAME	VAIL, WALTER W.	3.2 NAME	Kent S. Hathaway
STREET ADDRESS	500 COLD SPRING RD., APT. E301	3.3 STREET ADDRESS	301 S. College St.
CITY-ST-ZIP	ROCKY HILL CT	3.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	SVP	4.1 TITLE	S.V.P.
NAME	LYNCH, MARK J	4.2 NAME	Robert L. Andersen
STREET ADDRESS	ONE JEFFERSON SQUARE	4.3 STREET ADDRESS	301 S. College St.
CITY-ST-ZIP	WATERBURY CT	4.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	SVP	5.1 TITLE	D
NAME	MERAS, NICHOLAS A	5.2 NAME	Robert T. Atwood
STREET ADDRESS	1243 SPRINGFIELD AVE	5.3 STREET ADDRESS	301 S. College St.
CITY-ST-ZIP	NEW PROVIDENCE NJ	5.4 CITY-ST-ZIP	Charlotte NC 28288-0004
TITLE		6.1 TITLE	D
NAME		6.2 NAME	H. Burt Melton
STREET ADDRESS		6.3 STREET ADDRESS	301 S. College St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Charlotte NC 28288-0014

14. I do 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. 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:

Robert L. Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/97 204/374-66115

CR2E034 (9/96)



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : ~~295391~~ 167868A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 165.00

ORDER DATE : March 17, 1997

ORDER TIME : 11:23 AM

ORDER NO. : 295391-055

CUSTOMER NO: 167868A

CUSTOMER: Ms. Lisa Clontz
First Union Corporation
One First Union Center
Legal Dept. - 31st Floor
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: THE MORTGAGE CORNER, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS: _____

RECEIVED
97 MAR 18 PM 12:15
DIVISION OF CORPORATION