

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35370 (6)
1. Corporation Name
THE MORTGAGE CORNER, INC.

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
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2. Principal Place of Business 21 301 S. College Street Suite, Apt. #, etc. 22 City & State 23 Charlotte, NC Zip 24 28288-0630 Country 25 US	2a. Mailing Address 26 301 S. College Street Suite, Apt. #, etc. 27 City & State 28 Charlotte, NC Zip 29 28288-0630 Country 30 US
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3. Date Incorporated or Qualified 09/03/1991	4. FEI Number 06-1290214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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	PD	<input type="checkbox"/> DELETE
NAME	MAYNOR, JAMES E	
STREET ADDRESS	301 S. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28288-1080	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HATCH, JAMES H	
STREET ADDRESS	301 S. TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28288-1080	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HATHAWAY, KENT S	
STREET ADDRESS	301 S. COLLEGE ST	
CITY-ST-ZIP	CHARLOTTE NC 28288-0630	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT L	
STREET ADDRESS	301 S. COLLEGE STREET	
CITY-ST-ZIP	CHARLOTTE NC 28288-0004	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATWOOD, ROBERT T	
STREET ADDRESS	301 S. COLLEGE STREET	
CITY-ST-ZIP	CHARLOTTE NC 28288-0004	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELTON, H. BURT T	
STREET ADDRESS	301 S. COLLEGE STREET	
CITY-ST-ZIP	CHARLOTTE NC 28288-0004	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Antonini, Jack M.
6.4 CITY-ST-ZIP	301 S. College Street Charlotte, NC 28288-0014

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Anderson* Robert L. Anderson Senior Vice President 704-374-1611

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 702660 167868A

AUTHORIZATION :

Patricia Pizano

COST LIMIT : \$ 150.00

ORDER DATE : February 11, 1998

ORDER TIME : 10:11 AM

ORDER NO. : 702660-005

CUSTOMER NO: 167868A

CUSTOMER: Aprille M. Moore, Legal Asst
First Union Corporation
One First Union Ctr
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: KAREN ROZAR

EXAMINER'S INITIALS:

RECEIVED
98 FEB 12 AM 11:35
DIVISION OF CORPORATION