

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35849** (9)

1. Corporation Name

SHARED CHECK AUTHORIZATION NETWORK INC.



Principal Place of Business: **19803 N CREEK PKWAY BOTHELL WA 98011**
Mailing Address: **19803 N CREEK PKWAY BOTHELL WA 98011**

3. Date Incorporated or Qualified: **10/09/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **91-1129953**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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)
700001796907
83 **-04/26/96--01094--041**
84 City *****200.00** 85 Zip Code **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 applicable) (Date) _____ (Signature typed or printed name of signing officer or director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P BIRK, TIMOTHY	1.2 NAME	V FABRIZIO, KENNETH
STREET ADDRESS	8858 NE 145TH ST.	1.3 STREET ADDRESS	8024 NE 145th ST.
CITY-ST-ZIP	BOTHELL WA	1.4 CITY-ST-ZIP	SNOHMISH WA
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TWOGOOD, JERRY	2.2 NAME	V PENDER, JEFFREY SCOTT
STREET ADDRESS	77 APPLE ORCHARD RD.	2.3 STREET ADDRESS	4503 SEAHURST
CITY-ST-ZIP	DELLWOOD MN	2.4 CITY-ST-ZIP	EVERETT WA
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V BIRK, TIMOTHY	3.2 NAME	V HILL, ROBERT
STREET ADDRESS	8858 NE 145 ST	3.3 STREET ADDRESS	15819 28TH DR. NE
CITY-ST-ZIP	BOTHELL WA	3.4 CITY-ST-ZIP	MILL CREEK WA
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V CHRISTY, JOSEPH	4.2 NAME	V GALVIN, KRISTOPHER S.
STREET ADDRESS	16827 SE 34TH ST	4.3 STREET ADDRESS	21338 SE. 265th St.
CITY-ST-ZIP	BELLEVUE WA	4.4 CITY-ST-ZIP	KENT WA
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V JOHNSON, STEPHEN	5.2 NAME	V SLATTERY, JAMES
STREET ADDRESS	37024 32ND AVE S	5.3 STREET ADDRESS	532 N. 72ND
CITY-ST-ZIP	AUBURN WA	5.4 CITY-ST-ZIP	SEATTLE WA
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HAVERTY, HAROLD	6.2 NAME	
STREET ADDRESS	1080 W. COUNTY RD F	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	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)(k) 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: _____ **KRISTOPHER S. GALVIN**
VICE PRESIDENT 4/12/96 (206) 483-2500

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000006370 (0)
1. Corporation Name
MLCC Mortgage Investors, Inc.

Principal Place of Business: **4802 Deer Lake Drive East, Jacksonville, FL 32246-6484**
Mailing Address: **4802 Deer Lake Drive East, Jacksonville, FL 32246-6484**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	12/14/94	04/28/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-3247986	Not Applicable
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T 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
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 fee applicator (607.1508) Registered Agent's printed name and fee (607.1508)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Johnston	1.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	1.4 CITY-ST-ZIP	
TITLE	D/Senior Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin O'Hanlon	2.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	2.4 CITY-ST-ZIP	
TITLE	D/Senior Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J. Donlon	3.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	3.4 CITY-ST-ZIP	
TITLE	D/Senior Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Smith	4.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	4.4 CITY-ST-ZIP	
TITLE	T/Senior Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven G. Cohen	5.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	5.4 CITY-ST-ZIP	
TITLE	V. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey S. Alexander	6.2 NAME	
STREET ADDRESS	4802 Deer Lake Drive East	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32246-6484	6.4 CITY-ST-ZIP	

000001796900
-04/26/96--01094--035
***200.00

4-26

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)(k), 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: Jeffrey S. Alexander Jeffrey S. Alexander 4/24/96 904-928-6007
DATE: _____ DAY: _____ DATE TIME: _____

CR2E034 (12/95)

MLCC MORTGAGE INVESTORS, INC.
OFFICERS & DIRECTORS

<u>Name</u>	<u>Office</u>	<u>Address</u>
Michael A. Johnston	Chairman of the Board & President	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Robert J. Smith	Director & Senior Vice President	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
John J. Donlon	Director, Secretary & Senior Vice President	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Kevin O'Hanlon	Director & Senior Vice President	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Edward A. Johnson	Director	College of Business University of North Florida 4567 St. Johns Bluff Road Jacksonville, FL 32216
Robert W. Murphy, Jr.	Director	2000 Quicksilver Road Midway, PA 15060
Steven G. Cohen	Senior Vice President & Treasurer	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Jeffrey S. Alexander	Vice President & Assistant Secretary	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Steven T. Hardy	Vice President & Controller	4802 Deer Lake Drive East Jacksonville, FL 32246-6484
Russell C. Bowles	Vice President	4802 Deer Lake Drive East Jacksonville, FL 32246-6484