

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 # **P37297** (9)

1. Corporation Name

NORTH AMERICAN MORTGAGE COMPANY



Principal Place of Business

**3883 AIRWAY DRIVE
SANTA ROSA CA 95403**

Mailing Address

**3883 AIRWAY DRIVE
SANTA ROSA CA 95403**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1992

3a. Date of Last Report

04/20/1995

4. FEI Number

68-0267088

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Register or type or print name of registered agent and the date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, ST, ZIP

12.4

TITLE

NAME

12.5

STREET ADDRESS

12.6

CITY, ST, ZIP

12.7

TITLE

NAME

12.8

STREET ADDRESS

12.9

CITY, ST, ZIP

12.10

TITLE

NAME

12.11

STREET ADDRESS

12.12

CITY, ST, ZIP

12.13

TITLE

NAME

12.14

STREET ADDRESS

12.15

CITY, ST, ZIP

**CD
FARRELL, JOHN F., JR.
3883 AIRWAY DRIVE
SANTA ROSA CA
PD
HODEL, TERRANCE G.
3883 AIRWAY DRIVE
SANTA ROSA CA
VS
VOGT, CAROLYN O.
3883 AIRWAY DRIVE
SANTA ROSA CA
CAO
GALLAGHER, ROBERT J.
3883 AIRWAY DRIVE
SANTA ROSA CA
CFO
HUGHES, MARTIN S.
3883 AIRWAY DRIVE
SANTA ROSA FL**

See Attached Schedules A & B

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY, ST, ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY, ST, ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, ST, ZIP

13.13

TITLE

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY, ST, ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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: *Carolyn Vogt* Carolyn Vogt-Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-96

(707)546-3310

CR2E034 (12/95)