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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90080 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P37297 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 21 6200 Courtney Campbell Cswy Suite, Apt. #, etc. 22 Suite 300 City & State 23 Tampa, FL Zip 24 33607		2a. Mailing Address 26 5100 W. Lemon St. Suite, Apt. #, etc. 27 Suite 109 City & State 28 Tampa, FL Zip 29 33609	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		3. Date Incorporated or Qualified 01/29/1992 4. FEI Number 68-0267088 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		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	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOONS, FRED B 6200 COURTNEY CAMPBELL CAUSEWAY STE. 300 TAMPA FL 33607	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Elizabeth Knoerzer 589 Fifth Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRRO, RICHARD A 6200 COURTNEY CAMPBELL CAUSEWAY STE. 300 TAMPA FL 33607	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Lawrence J. Toal 589 Fifth Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HODEL, TERRANCE G 3883 AIRWAY DRIVE SANTA ROSA CA 95403	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Arthur C. Bennett 589 Fifth Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BONNIKSON, HAROLD B 3883 AIRWAY DRIVE SANTA ROSA CA 95403	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Carlos R. Munoz 589 Fifth Avenue New York, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC KELLY, JAMES E EAB PLAZA, 15TH FLOOR UNIONDALE NY 11556	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARAS, D. JAMES 589 FIFTH AVENUE NEW YORK NY 10017	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

Richard A. Mirro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

813-636-2908

Daytime Phone #

CR2E034 (11/98)