

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38287** (9)

1. Corporation Name  
**SIGNAL FINANCE MORTGAGE COMPANY, INC.**



Principal Place of Business <b>250 CARPENTER FREEWAY IRVING TX 75062</b>	Mailing Address <b>250 CARPENTER FREEWAY IRVING TX 75062-2789</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	25	26 Suite, Apt. #, etc.	29	4. FEI Number <b>38-3043788</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	27 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28	28 Zip	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	29	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLONE, THOMAS R</b>	1.2 NAME	
STREET ADDRESS	<b>250 E. CARPENTER FREEWAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVING TX</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES S. JOHNSON</b>	2.2 NAME	
STREET ADDRESS	<b>250 E. CARPENTER FREEWAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVING TX</b>	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FULLEN, H. J</b>	3.2 NAME	<b>Director</b>
STREET ADDRESS	<b>250 E. CARPENTER FREEWAY</b>	3.3 STREET ADDRESS	<b>Jay E. Springer</b>
CITY - ST - ZIP	<b>IRVING TX</b>	3.4 CITY - ST - ZIP	<b>250 Carpenter Freeway</b>
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, JOHN F</b>	4.2 NAME	
STREET ADDRESS	<b>250 E. CARPENTER FREEWAY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVING TX</b>	4.4 CITY - ST - ZIP	
TITLE	AVS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENE, PATRICK J.</b>	5.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVING TX</b>	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, TIMOTHY</b>	6.2 NAME	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>IRVING TX</b>	6.4 CITY - ST - ZIP	

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; 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:  **Patrick J. Greene** Asst VP & Asst Secretary 04/20/97 (972) 652-4000

CR2E034 (9/96)