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3-25-96

• PROFIT CORPORATION ANNUAL REPORT

1996

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

B-2637-C

DOCUMENT # **P38489** (1)

1. Corporation Name

AFI MORTGAGE CORP.

Principal Place of Business	Mailing Address
5425 MARTINDALE SHAWNEE KS 66218 US	PO BOX 3217 SHAWNEE KS 66203 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/24/1992**

3a. Date of Last Report: **03/09/1995**

4. FEI Number: **47-0643940** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETERSON, STEVEN J. 9109 LICHENAUER, 294 LENEXA KS	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PETERSON, MARK J. 5103 IZARD OMAHA NE	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRIS, WILLIAM B. 6362 HILLTOP SHAWNEE KS	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUEY, BRUCE 7809 WOODSTONE LENEXA KS	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, CINDY 6303 CHARLOTTE SHAWNEE KS	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD PETERSON, NORMAN L. 4001 W. 104TH TERRACE OVERLAND PARK KS	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	FO Sr Vice President William Morris 6362 HillTop Shawnee, Ks	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Chief Finaicial officer Debbie Towery 9603 W. 118th St Overland Park, KS 66210	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	W. Ray Bell President 5425 Martindale Shawnee, KS 66218	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Debbie K Towery 3/1/96 913-441-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #