

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:46

DOCUMENT # **P21818** (0)  
1. Corporation Name  
**PATRICIAN MORTGAGE COMPANY**

Principal Place of Business Mailing Address  
**4800 MONTGOMERY LANE, SUITE 200** **4800 MONTGOMERY LANE, SUITE 200**  
**BETHESDA MD 20814-2341** **BETHESDA MD 20814-2341**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/19/1988** 3a. Date of Last Report **04/20/1994**

4. FEI Number **52-1403015** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

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)  
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, for 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 (if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEASLEY, GAYE G.
STREET ADDRESS	4800 MONTGOMERY LANE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	VD
NAME	COMINGS, WILLIAM D
STREET ADDRESS	4800 MONTGOMERY LANE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	V
NAME	DYER, PAULA
STREET ADDRESS	4800 MONTGOMERY LANE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	V
NAME	PHARIS, CATHERINE
STREET ADDRESS	4800 MONTGOMERY LANE 200
CITY - ST - ZIP	BETHESDA MD
TITLE	D
NAME	HAYNES, WALTER
STREET ADDRESS	2 WISCONSIN CIR 400
CITY - ST - ZIP	CHEVY CHASE MD
TITLE	VT
NAME	MARTIN, HELEN
STREET ADDRESS	4800 MONTGOMERY LANE 200
CITY - ST - ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	N/A
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Helen Sue Martin, Vice President & Treasurer

3/21/95 (301) 7/8-2000  
Date (Typed Name)