

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P21818** (0)

1. Corporation Name  
**PATRICIAN MORTGAGE COMPANY**



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

2. Principal Place of Business  
21 **4550 Montgomery Ave.**  
Suite, Apt. #, etc.  
22 **1150**  
City & State  
23 **Bethesda, MD**  
Zip Country  
24 **20814** 25  
2a. Mailing Address  
26 **4550 Montgomery Ave.**  
Suite, Apt. #, etc.  
27 **1150**  
City & State  
28 **Bethesda, MD**  
Zip Country  
29 **20814** 30

3. Date Incorporated or Qualified: **11/18/1988**  
3a. Date of Last Report: **03/28/1995**  
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

**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  
85 Zip Code  
**FL**

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 607.0605, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature is required when mandating)

DATE

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
1.4 CITY- ST- ZIP	<b>Bethesda, MD 20814</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
2.4 CITY- ST- ZIP	<b>Bethesda, MD 20814</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
3.4 CITY- ST- ZIP	<b>Bethesda, MD 20814</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
4.4 CITY- ST- ZIP	<b>Bethesda, MD 20814</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>4550 Montgomery Ave</b>
6.4 CITY- ST- ZIP	<b>Bethesda, MD 20814</b>

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 registrar 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:** *Walter Haynes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-718-2000  
Dialing Phone #

CR2E034 (12/95)