

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **727253 (7)**
1. Corporation Name
NATIONAL ASSOCIATION OF MORTGAGE BROKERS, INC.



Principal Place of Business Mailing Address
~~8201 Greensboro Dr. Suite 300 McLean, VA 22102~~ **8201 Greensboro Dr. Suite 300 McLean, VA 22102**
US US

3. Date Incorporated or Qualified **08/23/1973** 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1673989	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
24	29	30	31

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent												
TOMKO, STEVEN R JR 1836 LAKEVIEW RD CLEARWATER FL 34624	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>900001905999</td> </tr> <tr> <td>83. City, State, and Zip</td> <td>-07/26/96--01073--026</td> </tr> <tr> <td>84. City</td> <td>***61.25</td> </tr> <tr> <td>85. State</td> <td>FL</td> </tr> <tr> <td>86. Zip Code</td> <td></td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	900001905999	83. City, State, and Zip	-07/26/96--01073--026	84. City	***61.25	85. State	FL	86. Zip Code	
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84. City	***61.25												
85. State	FL												
86. Zip Code													

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when translating)		DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS	STREET ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP			
D	P			
MCGILL, PATRICIA K	Becker, Thomas W.			
21 CHURCH ST	801 S. Waverly, #101			
FREDERICK MD 21701	Lansing, MI 48917			
P	PE			
BECKER, THOMAS W	Hix, Janice M			
801 S WAVERLY, #101	6000 Lake Forest Dr.			
LANSING MI 48917	Atlanta GA 30328			
D	V.C. Marshall			
HIX, JANICE M	17021 S. Harlem			
6000 LAKE FOREST DR	Tinley Park, IL 60477			
ATLANTA GA	S Michael P. Hindman			
D	5599 San Felipe Street, #1208			
NORTON, PATRICIA L	Houston, TX 77056-2721			
333 WEST HAMPTON AVE 701	T			
ENGLEWOOD CO 80110	Gaffney, R.E. Jr.			
D	4350 E. Camelback, #100C			
GAFFNEY, R E JR	PHOENIX, AZ 85018			
4350 E CAMELBACK, #100C	M			
PHOENIX AZ 85018	Kinney, Kay R.			
D	8201 Greensboro Dr. #300			
KINNEY, KAY R	McLean, VA 22101			
1735 N LYNN ST. SUITE 950				
ARLINGTON VA 22209				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kay R. Kinney* 4/20/96 703/524-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)