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 Apr 10 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 4550 MONTGOMERY AVE, 1150, BETHESDA MD 20814 US
 Mailing Address: 4550 MONTGOMERY AVE, 1150, BETHESDA MD 20814-3304 US

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 11/18/1988
 3a. Date of Last Report: 04/04/1996
 4. FEI Number: 52-1403015
 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
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BEASLEY, GAYE G.	1.1 TITLE	Asst Vice President
NAME	4550 MONTGOMERY AVE #1150 BETHESDA MD	1.2 NAME	Cary N. Brownley
STREET ADDRESS		1.3 STREET ADDRESS	4550 Montgomery Ave. #1150
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bethesda, MD 20814
TITLE	VD COMINGS, WILLIAM D	2.1 TITLE	Asst Secretary
NAME	4550 MONTGOMERY AVE #1150 BETHESDA MD	2.2 NAME	Karen F. Buchar
STREET ADDRESS		2.3 STREET ADDRESS	4550 Montgomery Ave. #1150
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Bethesda, MD 20814
TITLE	V DYER, PAULA	3.1 TITLE	
NAME	4550 MONTGOMERY AVE #1150 BETHESDA MD	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	V PHARIS, CATHERINE	4.1 TITLE	
NAME	4550 MONTGOMERY AVE #1150 BETHESDA MD	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D HAYNES, WALTER	5.1 TITLE	
NAME	2 WISCONSIN CIR 400 CHEVY CHASE MD	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	VT MARTIN, HELEN	6.1 TITLE	
NAME	4550 MONTGOMERY AVE BETHESDA MD	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: _____ DATE: 3/31/97 (301) 718-2000

CR2E034 (9/96)