

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21818 (0)**

1. Corporation Name  
**PATRICIAN MORTGAGE COMPANY**

AS 01/01/97 DOING BUSINESS AS PMC FINANCIAL SERVICES Inc.



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4550 MONTGOMERY AVE 1150 BETHESDA MD 20814 US</b>	Mailing Address <b>4550 MONTGOMERY AVE 1150 BETHESDA MD 20814 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>11/18/1988</b>	
4. FEI Number <b>52-1403015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ (NAME) Registered Agent Signature required when reinstating (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>Assistant Vice President</b>
NAME	<b>BEASLEY, GAYE G.</b>	1.2 NAME	
STREET ADDRESS	<b>4550 MONTGOMERY AVE #1150</b>	1.3 STREET ADDRESS	<b>Cary N. Brownley</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	1.4 CITY-ST-ZIP	<b>4550 Montgomery Ave. #1150 Bethesda, MD</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>Assist. Secretary</b>
NAME	<b>COMINGS, WILLIAM D</b>	2.2 NAME	<b>Cary B. Brownley</b>
STREET ADDRESS	<b>4550 MONTGOMERY AVE #1150</b>	2.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	2.4 CITY-ST-ZIP	<b>Bethesda, MD</b>
TITLE	<b>V</b>	3.1 TITLE	<b>Asst. VT</b>
NAME	<b>DYER, PAULA</b>	3.2 NAME	<b>Renee Thompson</b>
STREET ADDRESS	<b>4550 MONTGOMERY AVE #1150</b>	3.3 STREET ADDRESS	<b>4550 Montgomery Ave. #1150</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	3.4 CITY-ST-ZIP	<b>Bethesda, MD</b>
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>PHARIS, CATHERINE</b>	4.2 NAME	
STREET ADDRESS	<b>4550 MONTGOMERY AVE #1150</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>HAYNES, WALTER</b>	5.2 NAME	
STREET ADDRESS	<b>2 WISCONSIN CIR 400</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHEVY CHASE MD</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	6.1 TITLE	
NAME	<b>MARTIN, HELEN</b>	6.2 NAME	
STREET ADDRESS	<b>4550 MONTGOMERY AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of changes on an attached list with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)