

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727253

1. Corporation Name  
NATIONAL ASSOCIATION of MORTGAGE BROKERS, Inc

Principal Place of Business Mailing Address  
8201 GREENSBORO DR. Suite 300  
McLEAN, VA 22102

21	2a	22	26	23	27	24	25	29	30
8201 GREENSBORO DR.	8201 GREENSBORO DR.	Suite 300	Suite 300	McLean, VA	McLean VA	22102	U.S.A.	22102	U.S.A.

3. Date Incorporated or Qualified  
1973

4. FEI Number 59-1673989 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

9. Name and Address of Current Registered Agent  
CT CORPORATION  
1025 VERMONT AVE, N.W.  
WASHINGTON, D.C. 20005

10. Name and Address of New Registered Agent  
81 Name CT CORPORATION  
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND Rd.  
83  
84 City PLANTATION FL 85 Zip Code 33324

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	
NAME	JAMES ENGLISH	12 NAME	
STREET ADDRESS	4705 UNIVERS. DR #250	13 STREET ADDRESS	
CITY-ST-ZIP	DURHAM, NC 27707	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	
NAME	TRUCK WAREHOUSE	22 NAME	
STREET ADDRESS	7601 W 141 ST, 2ND FLOOR WEST	23 STREET ADDRESS	
CITY-ST-ZIP	TINLEY PARK, IL 60477	24 CITY-ST-ZIP	
TITLE	PEO	31 TITLE	
NAME	MICHAEL ANNEHMAN	32 NAME	
STREET ADDRESS	5549 SAN FELIPE ST #1208	33 STREET ADDRESS	
CITY-ST-ZIP	HUNSTON, TX 77056	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	
NAME	ANN BOSE	42 NAME	
STREET ADDRESS	20501 VENTURA BLVD, SUITE 200	43 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS, CA 91364	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	
NAME	NEIL FENDLY, LMC	52 NAME	
STREET ADDRESS	3550 N. CENTRAL #1205	53 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85012	54 CITY-ST-ZIP	
TITLE	EVPS	61 TITLE	
NAME	BRIAN KINSOLA	62 NAME	
STREET ADDRESS	8201 GREENSBORO DR. #300	63 STREET ADDRESS	
CITY-ST-ZIP	McLEAN, VA 22102	64 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Kinsola Brian Kinsola 3/3/99 703 610 0269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
09 MAR 22 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037 (11/98)