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07-08-1999 90021 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P21818

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country 4 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/18/1988	4. FEI Number 52-1403015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEASLEY, GAYE G.	
STREET ADDRESS	4550 MONTGOMERY AVE #1150	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COMINGS, WILLIAM D	
STREET ADDRESS	4550 MONTGOMERY AVE #1150	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DYER, PAULA	
STREET ADDRESS	4550 MONTGOMERY AVE #1150	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHARIS, CATHERINE	
STREET ADDRESS	4550 MONTGOMERY AVE #1150	
CITY-ST-ZIP	BETHESDA MD	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	HAYNES, WALTER	
STREET ADDRESS	2 WISCONSIN CIR 400	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MARTIN, HELEN	
STREET ADDRESS	4550 MONTGOMERY AVE	
CITY-ST-ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cary N. Brownley	
1.3 STREET ADDRESS	4550 Montgomery Ave., Suite 1150	
1.4 CITY-ST-ZIP	Bethesda, MD 20814	
2.1 TITLE	Asst. Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karen F. Suchar	
2.3 STREET ADDRESS	4550 Montgomery Ave., Suite 1150	
2.4 CITY-ST-ZIP	Bethesda, MD 20814	
3.1 TITLE	Asst. Vice President/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Renee Thompson	
3.3 STREET ADDRESS	4550 Montgomery Ave., Suite 1150	
3.4 CITY-ST-ZIP	Bethesda, MD 20814	
4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara Schuler	
4.3 STREET ADDRESS	4550 Montgomery Ave., Suite 1150	
4.4 CITY-ST-ZIP	Bethesda, MD 20814	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, 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: SIGNATURE REQUIRED 6/29/99 301/718-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Karen F. Suchar, Asst. Treasurer

CR2E034 (11/98)