

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90082 043 ***150.00

DOCUMENT # 141203

1. Entity Name

PAN AMERICAN MORTGAGE CORP.

Principal Place of Business 401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255 US	Mailing Address 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255-0001 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-0374604	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete WOODWARD, ANDREW D. JR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SVP	<input type="checkbox"/> Delete WILLIAMS, GARY S.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete LUCAS, MARY-ANN	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete HELLAMS, DANIEL F.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete WARK, FREDERICK	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET NC1-021-03-09 CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete SMITH, DUANE L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	401 N. TRYON STREET CHARLOTTE NC 28255	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane L. Smith* **Duane L. Smith** 3-30-00 704-388-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)