

FORM PTO-1594

(Rev. 6-93)

10-25-99

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10-26-1999



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U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please return the attached original documents or copy thereof.

1. Name of conveying party(ies):

Loan America Financial Corporation

- Individual(s)
- General Partnership
- Corporation-State Florida
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: May 31, 1996

2. Name and address of receiving party(ies)

Name: Homeside Lending, Inc.

Internal Address: \_\_\_\_\_

Street Address: 9000 Southside Road  
Bldg. 700

City: Jacksonville State: FLA ZIP: 32256

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Florida
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

(Designations must be a separate document from assignment)

Additional name(s) & address(es) attached?  Yes  No

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

Reg. No. 2,194,764 - LOAN AMERICA  
FINANCIAL CORPORATION  
(appl. no. 75-233,204)

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Martha Gayle Barber, Esq.

ALSTON & BIRD LLP

Internal Address: P.O. Drawer 34009

Street Address: 1211 E. Morehead Street

City: Charlotte State: NC ZIP: 28234

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

Enclosed

Authorized to be charged to deposit account

If additional fees are needed please use:

8. Deposit account number:

16-0605

(Attach duplicate copy of this page if paying by deposit account)

10/25/1999 DMSUYEN 00000340 2194764

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40.00 OP

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Martha Gayle Barber

Name of Person Signing

Signature

October 19, 1999

Date

9

Total number of pages including cover sheet, attachments, and document:

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments **TRADEMARK**

Washington, D.C. 20231

**REEL: 001979 FRAME: 0161**

F10478



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

ARTICLES OF MERGER  
Merger Sheet

.....  
MERGING:

BANCPLUS MORTGAGE CORP., #P09905, a TX Corp.

LAFC MERGER COMPANY, #F10978, a FL corp.

INTO

HOMESIDE LENDING, INC., a Florida corporation, J33658

File date: May 31, 1996

Corporate Specialist: Susan Payne

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRADEMARK  
REEL: 001979 FRAME: 0162

FRM

# F 10978

DI 05.22 1 /ST. 14:54/NO. 35604C2668 P 1/2

5/22/96

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

2:41 PM

((H96000007259))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399  
FAX: (904) 922-4000

FROM: MANONEY ADAMS & CRISER, P.A.  
57 N LAURA ST  
3470 BARNETT CENTER  
JACKSONVILLE FL 32202-  
CONTACT: CORINNE P MCCLURE  
PHONE: (904) 384-1100  
FAX: (904) 798-2861

((H96000007259))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: LOAN AMERICA FINANCIAL CORPORATION  
FAX AUDIT NUMBER: H96000007259  
DATE REQUESTED: 05/22/1996  
CERTIFIED COPIES: 0  
NUMBER OF PAGES: 1  
ESTIMATED CHARGE: \$35.00

CURRENT STATUS: REQUESTED  
TIME REQUESTED: 14:41:00  
CERTIFICATE OF STATUS: 0  
METHOD OF DELIVERY: FAX  
ACCOUNT NUMBER: 076226003814

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((H96000007259))

\*\* ENTER 'M' FOR MENU. \*\*

MAC No. 05762.233

FILED  
96 MAY 22 PM 5:02  
TALLAHASSEE, FLORIDA

*Clipped from*

EFFECTIVE DATE

5-31-96

FLORIDA DIVISION OF CORPORATIONS

96 MAY 22 PM 4:37

RECEIVED

H96000007259

**ARTICLES OF AMENDMENT  
TO ARTICLES OF INCORPORATION OF  
LOAN AMERICA FINANCIAL CORPORATION**

**FILED**  
96 MAY 22 11 55 AM '96  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Loan America Financial Corporation, pursuant to Section 607.1001, Florida Statutes, does hereby file the following Articles of Amendment:

1. The name of the Corporation is Loan America Financial Corporation (the "Corporation").
2. Article I of the Articles of Incorporation of the Corporation is hereby amended to read as follows:

**ARTICLE I**

**Name**

The name of this corporation is LAFPC Merger Company.

3. The amendment was adopted on the 20<sup>th</sup> day of May, 1996, effective as of May 31, 1996 at 10:01 a.m.

4. The amendment was duly approved by the sole shareholder of the Corporation in accordance with Section 607.1006.

Dated: May 20, 1996

**LOAN AMERICA FINANCIAL CORPORATION**

By: *Francis G. Seabrook*  
Francis G. Seabrook, President

c:\lma\secret\articles\LOAN.am

Prepared by Halyson B. Skinner, Esq.  
Mahoney Adams & Cisar, P.A.  
P. O. Box 4099  
Jacksonville, FL 32201  
(904) 354-1100  
Florida Bar No. 0169998

**EFFECTIVE DATE**  
5-31-96

H96000007259

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27 1996 8:00 am  
Secretary of State

DOCUMENT # F10978 (7)

1. Corporation Name  
**LOAN AMERICA FINANCIAL CORPORATION**



Principal Place of Business Mailing Address  
**% REG RELATIONS  
50 NORTH LAURA ST  
JACKSONVILLE FL 32202  
US**

3. Date Incorporated or Qualified: **12/05/1980**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-2070151**  
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

2. Principal Place of Business: **21 9000 SOUTHSIDE BLVD.**  
2a. Mailing Address: **26 9000 SOUTHSIDE BLVD.**  
22. Suite, Apt. #, etc.: **BUILDING 700 (587-750)**  
27. Suite, Apt. #, etc.: **BUILDING 700 (587-750)**  
23. City & State: **JACKSONVILLE, FL**  
28. City & State: **JACKSONVILLE, FL**  
24. Zip: **32256** 25. Country: **DUVAL** 29. Zip: **32256** 30. Country: **DUVAL**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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:  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>SEABROOK, FRANCIS G.</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD BLDG 700</b>	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KUCZWANSKI, JOHN S.</b>	
STREET ADDRESS	<b>8100 OAK LANE</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONDELLO, JAMES F.</b>	
STREET ADDRESS	<b>5875 NW 183 ST</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYLES, RONALD J.</b>	
STREET ADDRESS	<b>9000 SOUTHSIDE BLVD BLDG 100</b>	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VEGA, M. FRANCES</b>	
STREET ADDRESS	<b>13500 N KENDALL DR 2ND FLOOR</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COX, JACQUELINE</b>	
STREET ADDRESS	<b>8100 OAK LANE</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>P</b>	<input checked="" type="checkbox"/> Addition
12. NAME	<b>500001737705</b>	
13. STREET ADDRESS	<b>-04/29/96--01026--005</b>	
14. CITY, ST, ZIP	<b>***208.75</b>	
21. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>MATHESON, STEPHEN B.</b>	
23. STREET ADDRESS	<b>9000 SOUTHSIDE BLVD. BLDG 700</b>	
24. CITY, ST, ZIP	<b>JACKSONVILLE, FL 32256</b>	
31. TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	<b>KAREN S. LUGAR</b>	
33. STREET ADDRESS	<b>9000 SOUTHSIDE BLVD. BLDG. 700</b>	
34. CITY, ST, ZIP	<b>JACKSONVILLE, FL 32256</b>	
41. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	<b>HUGH B. HASTON, III</b>	
43. STREET ADDRESS	<b>9000 SOUTHSIDE BLVD. BLDG. 700</b>	
44. CITY, ST, ZIP	<b>JACKSONVILLE, FL 32256</b>	
51. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	<b>LINDA P. HENLEY</b>	
53. STREET ADDRESS	<b>9000 SOUTHSIDE BLVD BLDG 700</b>	
54. CITY, ST, ZIP	<b>JACKSONVILLE, FL 32256</b>	
61. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	<b>WILLIAM M. ROSS</b>	
63. STREET ADDRESS	<b>9000 SOUTHSIDE BLVD BLDG 700</b>	
64. CITY, ST, ZIP	<b>JACKSONVILLE FL 32256</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, printed, or on an attached sheet with an address.

SIGNATURE: *Linda P. Henley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LINDA P. HENLEY, EXECUTIVE VICE PRESIDENT**

APRIL 23, 1996 904-464-4099

CR2E034 (12/95)

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REEL: 001979 FRAME: 0165

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pg 20A3

Director List  
March 13, 1996

<u>NAME/ SOCIAL SECURITY #</u>	<u>TITLE</u>	<u>RESIDENCE/BUS.PHONE</u>
Francis G. Seabrook SSN 267-60-1968 DOB: 10/09/42	Chairman	192 Plantation Circle S Ponte Vedra Beach, FL 32082 Bus. 904-464-4019
James F. Mondello SSN 143-34-4645 DOB: 03/27/43	Director	440 Alexandra Circle Ft. Lauderdale, FL 33326 Bus. 305-825-6300
Stephen B. Matheson SSN 149-36-1606 DOB: 12/15/44	Director	8240 Wallingford Hills Ln Jacksonville, FL 32256 Bus. 904-464-4380

bric/officer sr

**SENIOR OFFICER LIST**

Francis G. Seabrook SSN 267-60-1968 DOB: 10/09/42	Chairman and President	192 Plantation Circle S Ponte Vedra Beach, FL 32082 Bus. 904-464-4019
Stephen B. Matheson SSN 149-36-1606 DOB: 12/15/44	Director of Finance	14760 Balgowan Road Miami Lakes, FL 33016 Bus. 904-464-43380
Hugh B. Haston, III SSN 265-94-4512 DOB: 08/02/51	Executive Vice President	4301 Venetia Boulevard Jacksonville, FL 32256 Bus. 904-464-5861
Linda P. Henley SSN 428-98-1347 DOB: 05/01/46	Executive Vice President	1914 San Marie Dr. S Jacksonville, FL 32217 Bus. 904-464-4099
William M. Ross SSN 247-78-2609 DOB: 06/24/48	Executive Vice President	1021 Sorrento Road Jacksonville, FL 32207 Bus. 904-464-4054

Notes: It is the Company's policy not to divulge its officer's residential phone numbers. Additionally, none of the above named Officers owns or controls ten percent or more of the Corporation.

bmcofc upd