

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 016 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000004262 1. Entity Name MERSCORP, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1595 SPRING HILL RD. Suite, Apt. #, etc. 310 City & State VIENNA Zip 22182 Country US	3. Mailing Address 1595 SPRING HILL RD. Suite, Apt. #, etc. 310 City & State VIENNA Zip 22182 Country US
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4. FEI Number 52-1948396	☒ Applied For ☐ Not Applicable
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CT CORPORATION SYSTEM	
	Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
	City PLANTATION	Zip Code FL 33324

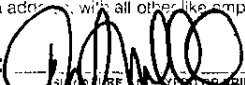
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP	PLEASE SEE ATTACHED LIST.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Juanita Russell VP** 4/29/03 (703) 761-1270
Date Daytime Phone #

CR2E034B (12/02)



THE ELECTRONIC MORTGAGE LOAN REGISTRY

Attachment FD2000004262
11030135

LIST OF OFFICERS:

William Hultman

SVP

1595 Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax (703) 748-0183

Carson Mullen

EVP

1595 Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax (703) 748-0183

Dan McLaughlin

EVP

1595 Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax (703) 748-0183

Juanita Russell

VP

1595 Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax (703) 748-0183

Doug Danko

VP

1595 Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax: (703) 748-0183

Gary Vandeventer

VP

Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax: (703) 748-0183

Sharon Horstkamp

VP

Spring Hill Road

Ste. 310

Vienna, VA 22182

Tel: (703) 761-1270

Fax: (703) 748-0183

Attachment FO2000004262



Board of Directors

11030135

Mr. R.K. Arnold
President & CEO
MERS, Inc.
1595 Spring Hill Road, Suite 310
Vienna, VA 22182
Tel: (703) 761-1270
Fax: (703) 748-0183
rka@mersinc.org
Asst.—n/a

Mr. Rick Amatucci
Fannie Mae
3900 Wisconsin Ave, NW
Washington, DC 20016
Tel: (202) 752-4604
Fax: (202) 752-3351
Richard_C_amatucci@fanniemae.com

Mr. Gregory T. Barmore
Chairman
Novastar Mortgage, Inc.
93 Governor's Point Road
Dingley Island
Harpwell, ME 04079
Tel: (207) 729-5538
Fax: (207) 729-5332
Cell: (207) 841-1373
*Use FedEx or UPS only to send
packages to Greg Barmore. (See below before
Sending out mail)
TEMP ADDRESS:
176 Golf Village Blvd
Jupiter, FL 33458
Tel: (561) 741-2187
Fax: (561) 748-4173
Gbarmor@attglobal.net

Mr. Larry Bryar
President
WestAmerica Mortgage Company
1 South 660 Midwest Road
Suite 100
Oakbrook, Terrace, IL 60181
Tel: (630) 916-9299
Fax: (630) 916-6397
bryarl@wamc.com

Ms. Charlotte Catalfo
Executive Vice President
Principal Residential Mortgage
711 High Street
Des Moines, IA 50392
Tel: (515) 248-2224
Fax: (515) 248-2033
catalfo.charlotte@principal.com
Asst.—Jackie Solomon (515) 283-8883

Henry Cunningham
President
Cunningham & Cunningham
324 W. Wendover Avenue, Suite 170
Greensboro, NC 27408
Tel: (336) 272-3061
Fax: (336) 272-3076
hankc@cunninghammortgage.com

Mr. Joe Farr
Executive Vice President & CFO
Guaranty Residential Lending
1300 South MoPac Expressway
Austin, TX 78747
Joe.farr@guarantygroup.com
Tel: (512) 434-8292
Fax: (512) 434-8289
Asst.—Carrie Husshines (512) 434-8303

Mr. Mark H. Fleming
Vice President
Freddie Mac
8200 Jones Branch Drive, MS 362
McLean, VA 22102
Tel: (703) 903-3920
Cell: (703) 624-6066
Fax: (703) 903-4094
mark_fleming@freddiemac.com
Asst.—Ming Donovan (703) 903-3356

Handwritten: 17020005641118, 11030135
Mr. Doug Friedrich
Managing Director, Household Mortgage
Services
Household Financial Services
2700 Sanders Road
Suite 3E
Prospect Heights, IL 60070
Tel: (847) 564-6442
Fax: (847) 205-7536
Asst Yvonne
dafriedrich@household.com

Mr. Deane Hall
Executive Vice President
Chase Manhattan Mortgage Corporation
10151 Deerwood Park Boulevard
Building 300
Jacksonville, FL 32256
Tel: (904) 620-6500
Fax: (904) 620-6550
deane.hall@chase.com
Asst.—Phyllis Glisson (904) 620-6501

S.A. Ibrahim
President & CEO
GreenPoint Mortgage Funding
100 Wood Hollow Drive
Novato, CA 94945
Tel: (415) 878.5000
Fax: (415) 461-0711
s.a.ibrahim@greenpoint.com
Asst.- Sue

Mr. Jonathan Kempner
Chief Operating Officer
MBA
1919 Pennsylvania Avenue, NW
Washington DC 20006-3438
Tel: (202) 557.2703 (Pat Levin)
Fax: (202) 833.1608
Jonathan_Kempner@mbaa.org

Mr. Preston Lyvers
Director, National Operations Manager
Residential Funding Corporation
7501 Wisconsin Ave., Suite 900
Bethesda, MD 20814-6528
Tel: (301) 215-6200
Fax: (301) 215-6330
plyvers@rfc.com
Asst.—n/a

Mr. James R. Maher
Executive Vice President
American Land Title Association
1828 L Street, N.W., Suite 70
Washington, DC 20036-5104
Tel: (202) 296-3671 ext. 219
Fax: (202) 223-5843
jim_maher@alta.org
Asst.—Sharon Johnson

Mr. Gary A. Meeks
Chairman & CEO
Alliance Mortgage Company
8100 Nations Way
Jacksonville, FL 32256
gmeeks@alliance-mortgage.com
Tel: (904) 281-6005
Fax: (904) 281-6145
Asst.—n/a