2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000876

HUNGERFORD, HEATHER

ENGLEWOOD, CO 80112

9780 PYRAMID COURT SUITE 150

Name:

Address:

City-St-Zip:

FILED Feb 20, 2009 Secretary of State

Entity Na	me: ASCENT	HOME LOANS, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
9780 PYRAMID COURT STE 150 ENGLEWOOD, CO 80112					
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
STE 150	AMID COURT	12			
	: 84-1412422	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
WRIGHT, MAE 2731 DURANT TRAILS BLVD. DOVER, FL 33527 US			2731 EXECUTIVE SUITE #4	NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DRIVE SUITE #4 WESTON, FL 33331 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: CHRISTIAN EUBANKS				02/20/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DOZOIS, ROL	O COURT SUITE 150	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DOZOIS, NATH	O COURT SUITE 150	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DOZOIS, JASC	O COURT SUITE 150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JASON DOZOIS S 02/20/2009