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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F96000001086 (5)**

1. Corporation Name
ARBOR MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
6087 S. QUEBEC STREET #200 ENGLEWOOD CO 80111	6087 S. QUEBEC STREET #200 ENGLEWOOD CO 80111-4541

3. Date Incorporated or Qualified: 03/04/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5445 DTC Parkway	26 6445 DTC Parkway
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100
City & State 23 Englewood CO	City & State 28 Englewood CO
Zip / Country 24 80111 / 25 USA	Zip / Country 29 80111 / 30 USA

4. FEI Number: 84-1091958 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box not acceptable) 400002270384---3 -08/18/97--01140--009 83 ****165.00 ****165.00 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	THOMAS, MICHAEL W		1.2 NAME	Anita Padilla Pieper	
STREET ADDRESS	3900 E. MEXICO AVE. #925		1.3 STREET ADDRESS	5445 DTC Parkway Suite 100	
CITY-ST-ZIP	DENVER CO 80210		1.4 CITY-ST-ZIP	Englewood CO 80111	
TITLE	SC	☒ DELETE	2.1 TITLE	V/S	☒ Change ☒ Addition
NAME	BENNETT, STUART N		2.2 NAME	Gregory C. Parham	
STREET ADDRESS	6087 S. QUEBEC STREET #200		2.3 STREET ADDRESS	5445 DTC Parkway, Suite 100	
CITY-ST-ZIP	ENGLEWOOD CO 80111		2.4 CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIROR, KARL		3.2 NAME	400002270384---3	
STREET ADDRESS	300 UNION BLVD #520		3.3 STREET ADDRESS	-08/18/97--01140--010	
CITY-ST-ZIP	LAKEWOOD CO 80228		3.4 CITY-ST-ZIP	****385.00 ****385.00	
TITLE		☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME			4.2 NAME	Mary Baun	
STREET ADDRESS			4.3 STREET ADDRESS	5445 DTC Parkway, Suite 100	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Englewood Co 80111	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	Debra Taylor	
STREET ADDRESS			5.3 STREET ADDRESS	5445 DTC Parkway	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Englewood CO 80111	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Patricia Thompson	
STREET ADDRESS			6.3 STREET ADDRESS	5445 DTC Parkway, Suite 100	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Englewood Co 80111	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ Gregory C. Parham 8/13/97