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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001591
 1. Corporation Name
CH MORTGAGE COMPANY

Principal Place of Business 7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253	Mailing Address 7001 N. SCOTTSDALE RD., STE 2055 SCOTTSDALE AZ 85253
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/28/1996	4. FEI Number 87-1417815	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip Country	28. Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip Country	29. Zip Country	30. Zip Country		

9. Name and Address of Current Registered Agent

MORONEY, JOHN P
8000 GOVERNOR'S SQUARE BLVD
SUITE 101
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81. Name **MaryJo Rushing**
 82. Street Address (P.O. Box Number is Not Acceptable)
8000 Governor's Square Blvd.
 83. **Suite 100 101**
 84. City **Miami Lakes** FL 85. Zip Code **33016**

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 MaryJo Rushing/Branch Manager DATE 1/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	PRESENT, RANDALL C	
STREET ADDRESS	11911 BURNET ROAD	
CITY-ST-ZIP	AUSTIN TX	
TITLE	VD	<input type="checkbox"/>
NAME	JOHNSTON, COLEEN	
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	D	<input checked="" type="checkbox"/>
NAME	RYAN, ROBERT B	
STREET ADDRESS	7001 N SCOTTSDALE RD STE 2050	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	D	<input checked="" type="checkbox"/>
NAME	HICKOX, W T	
STREET ADDRESS	7001 N SCOTTSDALE RD., STE 2050	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	TAS	<input type="checkbox"/>
NAME	DAFFIN, PATRICIA A	
STREET ADDRESS	4515 SETON CENTER PKWY, STE 200	
CITY-ST-ZIP	AUSTIN TX 78759	
TITLE	VAS	<input type="checkbox"/>
NAME	LUECHAUER, SONYA	
STREET ADDRESS	4515 SETON CENTER PKWY, STE 3200	
CITY-ST-ZIP	AUSTIN TX 78759	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Coleen Johnston DATE 1/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)