


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90053 023 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000006097

1. Corporation Name
CH MORTGAGE COMPANY GP, INC.

| | |
|---|---|
| Principal Place of Business 4515 SETON CENTER PKWY., STE. 200 AUSTIN TX 78759 | Mailing Address 4515 SETON CENTER PKWY., STE. 200 AUSTIN TX 78759 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 11/18/1997 | Applied For Not Applicable |
| 4. FEI Number 74-2853238 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

RUSHING, MARY JO
8000 GOVERNOR'S SQUARE BLVD., STE. 106
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HICKCOX, W. THOMAS | |
| STREET ADDRESS | 7001 N. SCOTTSDALE RD., STE. 2050 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85253 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RYAN, ROBERT B | |
| STREET ADDRESS | 7001 N. SCOTTSDALE RD., STE. 2050 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85253 | |
| TITLE | DCP | <input type="checkbox"/> DELETE |
| NAME | PRESENT, RANDALL C | |
| STREET ADDRESS | 4515 SETON CENTER PKWY., STE. 200 | |
| CITY-ST-ZIP | AUSTIN TX 78759 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, COLEEN | |
| STREET ADDRESS | 7001 N. SCOTTSDALE RD., STE. 2050 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85253 | |
| TITLE | VAS | <input type="checkbox"/> DELETE |
| NAME | LUECHAUER, SONYA | |
| STREET ADDRESS | 4515 SETON CENTER PKWY., STE. 200 | |
| CITY-ST-ZIP | AUSTIN TX 78759 | |
| TITLE | TAS | <input checked="" type="checkbox"/> DELETE |
| NAME | DAFFIN, PATRICIA A | |
| STREET ADDRESS | 7001 N. SCOTTSDALE RD., STE. 2050 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85253 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--------------------------------|--|
| 1.1 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Samuel Fuller | |
| 1.3 STREET ADDRESS | 1901 Ascension Blvd Ste 100 | |
| 1.4 CITY-ST-ZIP | Arlington TX 76006 | |
| 2.1 TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Stephan Perison | |
| 2.3 STREET ADDRESS | 1901 Ascension Blvd Ste 100 | |
| 2.4 CITY-ST-ZIP | Arlington TX 76006 | |
| 3.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Director, Secretary, Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Stacey Dwyer | |
| 6.3 STREET ADDRESS | 1901 Ascension Blvd Ste 100 | |
| 6.4 CITY-ST-ZIP | Arlington TX 76006 | |

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 3/31/99 602/998-8535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)