

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/00-90101-046-\$150.00-\$150.00

DOCUMENT # F97000006097

APPROVED
AND
FILED

1. Entity Name
CH MORTGAGE COMPANY GP, INC.

00 JUL 18 PM 1:22

Principal Place of Business Mailing Address
4515 SETON CENTER PKWY., STE. 200 4515 SETON CENTER PKWY., STE. 200
AUSTIN TX 78759 AUSTIN TX 78759-5784

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 110 Suite 100

City & State City & State
Arlington, TX

4. FEI Number 74-2853238 Applied For Not Applicable

Zip Country Zip Country
76006

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL Zip Code 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.

SIGNATURE *[Signature]* C. Morales Special Asst. Secretary DATE July 17, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election/Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FULLER, SAMUEL	
STREET ADDRESS	1901 ASCENSION BLVD STE 103	
CITY-ST-ZIP	ARLINGTON TX 76006	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERISON, STEPHAN	
STREET ADDRESS	1901 ASCENSION BLVD STE 100	
CITY-ST-ZIP	ARLINGTON TX 76006	
TITLE	P	<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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	DWYER, STACEY	
STREET ADDRESS	1901 ASCENSION BLVD STE 100	
CITY-ST-ZIP	ARLINGTON TX 76006	

TITLE	VP, CFO & AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolphy James D.	
STREET ADDRESS	4515 Seton Center Pkwy!, Suite 110	
CITY-ST-ZIP	Austin, TX 78759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 110	
CITY-ST-ZIP		
TITLE	VP & AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shumway, Coleen	
STREET ADDRESS	9633 S. 48th Street, Suite 240	
CITY-ST-ZIP	Phoenix, AZ 85044	
TITLE	SVP & AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 110	
CITY-ST-ZIP		
TITLE	S, Treasurer & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stacey H. Dwyer* Stacey H. Dwyer DATE: April 27, 2000 (817) 856-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)