

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90042 012 ***150.00

DOCUMENT # F97000006097

1. Entity Name
CH MORTGAGE COMPANY GP, INC.

Principal Place of Business
**4515 SETON CENTER PKWY., STE. 110
 AUSTIN TX 78759**

Mailing Address
**1901 ASCENSION BLVD., STE. 100
 ARLINGTON TX 76006**

2. Principal Place of Business
12554 RIATA VISTA CIR

3. Mailing Address

Suite, Apt. #, etc.
FIRST FLOOR

Suite, Apt. #, etc.

City & State
AUSTIN, TX

City & State

Zip
78727

Country
USA

Zip

Country

4. FEI Number **74-2853238**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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: VCFO
 NAME: DOLPH, JAMES D Delete
 STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 110
 CITY-ST-ZIP: ARLINGTON TX 78759

TITLE: VP/AS
 NAME: JUANITA STOKES Change Addition
 STREET ADDRESS: 12554 RIATA VISTA CIR, FIRST FL
 CITY-ST-ZIP: AUSTIN, TX 78727

TITLE: D
 NAME: PERISON, STEPHAN Delete
 STREET ADDRESS: 1901 ASCENSION BLVD STE 100
 CITY-ST-ZIP: ARLINGTON TX 76006

TITLE: [Blank]
 NAME: [Blank] Change Addition
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: P
 NAME: PRESENT, RANDALL C Delete
 STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 110
 CITY-ST-ZIP: AUSTIN TX 78759

TITLE: AT/AS
 NAME: SAMUEL R. FULLER Change Addition
 STREET ADDRESS: 1901 ASCENSION BLVD, STE 100
 CITY-ST-ZIP: ARLINGTON, TX 76006

TITLE: AS
 NAME: DOLPH, JAMES D Delete
 STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 110
 CITY-ST-ZIP: AUSTIN TX 78759

TITLE: [Blank]
 NAME: [Blank] Change Addition
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: SVAS
 NAME: LUECHAUER, SONYA Delete
 STREET ADDRESS: 4515 SETON CENTER PKWY., STE. 110
 CITY-ST-ZIP: AUSTIN TX 78759

TITLE: [Blank]
 NAME: [Blank] Change Addition
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: STD
 NAME: DWYER, STACEY Delete
 STREET ADDRESS: 1901 ASCENSION BLVD STE 100
 CITY-ST-ZIP: ARLINGTON TX 76006

TITLE: [Blank]
 NAME: [Blank] Change Addition
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

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: Samuel R. Fuller Samuel R. Fuller 4/17/01 (917)856-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)