FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P11403 (3)

1. Corporation Name

N.W. RESIDENTIAL MORTGAGE CORPORATION

Principal Place of Business

C/O CORPORATE SECRETARY'S DEPT.
17877 VON KARMAN AVE., 4TH FLOOR
IRVINE CA 92714

Mailing Address

C/O CORPORATE SECRETARY'S DEPT.
17877 VON KARMAN AVE., 4TH FLOOR
IRVINE CA 92714

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 06/06/1995
4. FEI Number: 94-2914448 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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

COBB, THOMAS C.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

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 ______ Signature, typed or printed name of registered agent and title if applicable ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DCP	☐ DELETE
NAME	BARNUM, ROBERT T	
STREET ADDRESS	17877 VON KARMEN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	DEVP	☐ DELETE
NAME	KELLNER, LAWRENCE W	
STREET ADDRESS	17877 VON KARMEN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	☐ DELETE
NAME	ROBINSON, W. BRENT	
STREET ADDRESS	17877 VON KARMEN AVE	
CITY-ST-ZIP	IRVINE CA	
TITLE	EVPS	☐ DELETE
NAME	HOLLAND, JIMMY D	
STREET ADDRESS	17877 VON KARMAN AVE.	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	SVPG	☒ DELETE
NAME	SCHNEIDER, KATHLEEN V	
STREET ADDRESS	17877 VON KARMAN AVE.	
CITY-ST-ZIP	IRVINE CA 92714	
TITLE	AVAS	☐ DELETE
NAME	MALONE, KATHLEEN A	
STREET ADDRESS	17877 VON KARMAN AVE.	
CITY-ST-ZIP	IRVINE CA 92714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	17877 Von Karman Avenue	
1.4 CITY-ST-ZIP		
2.1 TITLE	Chief Financial Officer EVP	☒ Change ☐ Addition
2.2 NAME	Robert B. Henske	
2.3 STREET ADDRESS	17877 Von Karman Avenue	
2.4 CITY-ST-ZIP		
3.1 TITLE	D, EVP	☒ Change ☐ Addition
3.2 NAME	S.T.R. Revell, III	
3.3 STREET ADDRESS	17877 Von Karman Avenue	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathleen A Malone — 3/14/96 — 714-252-4254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (12/95)