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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
C/O CORPORATE SECRETARY'S DEPT. 17877 VON KARMAN AVE., 4TH FLOOR IRVINE CA 92714	C/O CORPORATE SECRETARY'S DEPT. 17877 VON KARMAN AVE., 4TH FLOOR IRVINE CA 92614-6213

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21 5080 Spectrum Dr.
Suite, Apt. #, etc.
22 Suite 1000-E
City & State
23 Dallas, TX
Zip 24 75248 Country 25

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

4. FEI Number: 94-2914448 ☐ Applied For ☐ Not Applicable

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☒ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	BARNUM, ROBERT T		1.2 NAME	John Schuj	
STREET ADDRESS	17877 VON KARMAN AVENUE		1.3 STREET ADDRESS	5080 Spectrum Dr., Suite 1000-E	
CITY-ST-ZIP	IRVINE CA		1.4 CITY-ST-ZIP	Dallas, TX 75248	
TITLE	CFO	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HENSKE, ROBERT B.		2.2 NAME	Donald W. Allen	
STREET ADDRESS	17877 VON KARMAN AVENUE		2.3 STREET ADDRESS	5080 Spectrum Dr., Suite 1000-E	
CITY-ST-ZIP	IRVINE CA		2.4 CITY-ST-ZIP	Dallas, TX 75248	
TITLE	DEVP	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	REVELL, III S.T.R.		3.2 NAME	William Thomas	
STREET ADDRESS	17877 VON KARMAN AVENUE		3.3 STREET ADDRESS	5080 Spectrum Dr., Suite 1000-E	
CITY-ST-ZIP	IRVINE CA		3.4 CITY-ST-ZIP	Dallas, TX 75248	
TITLE	EVPS	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	HOLLAND, JIMMY D		4.2 NAME	J. Ernest Rodriquez	
STREET ADDRESS	17877 VON KARMAN AVE.		4.3 STREET ADDRESS	5080 Spectrum Dr., Suite 1000-E	
CITY-ST-ZIP	IRVINE CA 92714		4.4 CITY-ST-ZIP	Dallas, TX 75248	
TITLE	SVPG	☒ DELETE	5.1 TITLE	S/T	☒ Change ☐ Addition
NAME	SCHNEIDER, KATHLEEN V		5.2 NAME	John Fisher	
STREET ADDRESS	17877 VON KARMAN AVE.		5.3 STREET ADDRESS	5080 Spectrum Dr., Suite 1000-E	
CITY-ST-ZIP	IRVINE CA 92714		5.4 CITY-ST-ZIP	Dallas, Texas 75248	
TITLE	AVAS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALONE, KATHLEEN A		6.2 NAME		
STREET ADDRESS	17877 VON KARMAN AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92714		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: John Schuj P/D 4-23-97 1-800-819-1444