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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 25 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40945**

1. Corporation Name
NMC MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
7600 EAST ORCHARD ROAD SUITE 330S ENGLEWOOD CO 80111 US	7600 EAST ORCHARD ROAD SUITE 330S ENGLEWOOD CO 80111 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **10/09/1992**

4. FEI Number: **84-1175697** [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

500002768585--2
-02/08/99--01014--019
****150.00 ****150.00

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 of officer (NOTE: Registered Agent signature must be in his/her own hand)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	11 TITLE	C/D	[X] Change [ ] Add
NAME	CHOTIN, STEVEN B.		12 NAME		
STREET ADDRESS	PLAZA TOWER ONE,STE 1200, 6400 S.FIDDL GRN		13 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		14 CITY-ST-ZIP		
TITLE	VPD	[X] DELETE	21 TITLE	P/D	[ ] Change [X] Add
NAME	STULZ, CRAIG A.		22 NAME	James A. Weissenborn	
STREET ADDRESS	7600 E ORCHARD RD., SUITE 330S		23 STREET ADDRESS	7600 E Orchard Rd., Suite 330-S	
CITY-ST-ZIP	ENGLEWOOD CO		24 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	SD	[ ] DELETE	31 TITLE	EVP	[ ] Change [X] Add
NAME	DICKENS, HELEN A.		32 NAME	William J. Rogers	
STREET ADDRESS	6400 S FIDDLERS GREEN CR., SUITE 1200		33 STREET ADDRESS	7600 E Orchard Rd., Suite 330-S	
CITY-ST-ZIP	ENGLEWOOD CO		34 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	EVP	[X] DELETE	41 TITLE	EVP	[ ] Change [X] Add
NAME	STULZ, CRAIG A.		42 NAME	Kevin J. Nystrom	
STREET ADDRESS	7600 E. ORCHARD ROAD, SUITE 330S		43 STREET ADDRESS	7600 E. Orchard Rd., Suite 330-S	
CITY-ST-ZIP	ENGLEWOOD CO		44 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	EVP	[X] DELETE	51 TITLE	EVP	[ ] Change [X] Add
NAME	MARON, CHRISTINE		52 NAME	Elena Hill	
STREET ADDRESS	7600 E. ORCHARD ROAD, SUITE 330S		53 STREET ADDRESS	7600 E. Orchard Rd, Suite 330-S	
CITY-ST-ZIP	ENGLEWOOD CO		54 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	VPD	[ ] DELETE	61 TITLE	EVP	[ ] Change [X] Add
NAME	GLICKSMAN, HOWARD		62 NAME	Michael C. Brown	
STREET ADDRESS	6400 S. FIDDLERS GREEN, SUITE 1200		63 STREET ADDRESS	7600 E Orchard Rd., Suite 330-S	
CITY-ST-ZIP	ENGLEWOOD CO 80111		64 CITY-ST-ZIP	Englewood, CO 80111	

B. 1/27/99 99AR

CR2E034 (11/98)

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: _____ Kevin J. Nystrom 1/13/99 (303) 721-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number