

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S75556 (8)**

1. Corporation Name  
**OCWEN FINANCIAL CORPORATION**



Principal Place of Business  
**1675 PALM BEACH LAKES BLVD.  
 SUITE 1002  
 WEST PALM BEACH FL 33401  
 US**

Mailing Address  
**1675 PALM BEACH LAKES BLVD.  
 SUITE 1002  
 WEST PALM BEACH FL 33401-2119  
 US**

3. Date Incorporated or Qualified **08/22/1991** 3a. Date of Last Report **04/26/1996**

4. FEI Number **65-0039856** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**ERBEY, JOHN R.  
 1675 PALM BEACH LAKES BLVD.  
 SUITE 1002  
 WEST PALM BEACH FL 33401**

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

|                |  |  |
|----------------|--|--|
| TITLE          | DCEO                                   | <input type="checkbox"/> DELETE            |
| NAME           | ERBEY, WILLIAM C.                      |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BCH. FL                      |  |
| TITLE          | M                                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | BROWN, RORY A.                         |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BCH. FL                      |  |
| TITLE          | MCFO                                   | <input type="checkbox"/> DELETE            |
| NAME           | REICH, CHRISTINE A.                    |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BCH. FL                      |  |
| TITLE          | SVP                                    | <input type="checkbox"/> DELETE            |
| NAME           | BARNES, JOHN R                         |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BCH. FL                      |  |
| TITLE          | MS                                     | <input type="checkbox"/> DELETE            |
| NAME           | ERBEY, JOHN R.                         |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL                     |  |
| TITLE          | SVPA                                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | WILHOIT, STEPHEN C                     |  |
| STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., STE. 1002 |  |
| CITY-ST-ZIP    | WEST PALM BEACH FL                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | CPDCEO                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                    |  |
| 1.3 STREET ADDRESS |                                    |  |
| 1.4 CITY-ST-ZIP    |                                    |  |
| 2.1 TITLE          | M                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | KOE, ROBERT E.                     |  |
| 2.3 STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., #1002 |  |
| 2.4 CITY-ST-ZIP    | WEST PALM BEACH FL                 |  |
| 3.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                    |  |
| 3.3 STREET ADDRESS |                                    |  |
| 3.4 CITY-ST-ZIP    |                                    |  |
| 4.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                    |  |
| 4.3 STREET ADDRESS |                                    |  |
| 4.4 CITY-ST-ZIP    |                                    |  |
| 5.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                    |  |
| 5.3 STREET ADDRESS |                                    |  |
| 5.4 CITY-ST-ZIP    |                                    |  |
| 6.1 TITLE          | SVPA                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | DLUTOWSKI, JOSEPH A.               |  |
| 6.3 STREET ADDRESS | 1675 PALM BEACH LAKES BLVD., #1002 |  |
| 6.4 CITY-ST-ZIP    | WEST PALM BEACH FL                 |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)