

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 # **S75556** (8)

1. Corporation Name

OCWEN FINANCIAL CORPORATION



Principal Place of Business

**515 N FLAGLER DR
PAVILION FOURTH FL
WEST PALM BEACH FL 33401**

Mailing Address

**515 N FLAGLER DR
PAVILION FOURTH FL
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
08/22/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **1675 PALM BEACH LAKES BLVD.**

26 **1675 PALM BEACH LAKES BLVD.**

4. FEI Number
65-0039856

Applied For
Not Applicable

22 **SUITE 1002**

27 **SUITE 1002**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **WEST PALM BEACH, FL**

28 **WEST PALM BEACH, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33401**

25 **USA**

29 **33401**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERBEY, JOHN R.
515 N FLAGLER DR
PAVILION FOURTH FL
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1675 PALM BEACH LAKES BLVD.

83 **SUITE 1002**

84 City

WEST PALM BEACH

FL

85 Zip Code
33401

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature (Typed or printed name of registered agent and title in parentheses)

(Typed or printed name of registered agent and title in parentheses)

4/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCEO
ERBEY, WILLIAM C.
515 N. FLAGLER DR. P400
WEST PALM BCH. FL**

☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M
BROWN, RORY A.
515 N. FLAGLER DR. P400
WEST PALM BCH. FL**

☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MCFO
REICH, CHRISTINE A.
515 N. FLAGLER DR. P400
WEST PALM BCH. FL**

☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVP
BARNES, JOHN R.
515 N. FLAGLER DR. P400
WEST PALM BCH. FL**

☐ DELETE

4.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MS
ERBEY, JOHN R.
515 N. FLAGLER DR. P400
WEST PALM BEACH FL**

☐ DELETE

5.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVPA
WILHOIT, STEPHEN C
515 N. FLAGLER DR. P400
WEST PALM BEACH FL**

☐ DELETE

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1675 PALM BEACH LAKES BLVD., STE. 1002

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. WILHOIT SR. VP. ASST. SEC.

4-4-96

407-681-8000

Date

Daytime Phone

CR2E034 (12/95)