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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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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
85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	CPDCEO
NAME	ERBEY, WILLIAM C.	1.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	M	2.1 TITLE	
NAME	BROWN, RORY A.	2.2 NAME	M
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	2.3 STREET ADDRESS	KOE, ROBERT E.
CITY-ST-ZIP	WEST PALM BCH. FL	2.4 CITY-ST-ZIP	1675 PALM BEACH LAKES BLVD., #1002
TITLE	MCFO	3.1 TITLE	WEST PALM BEACH FL
NAME	REICH, CHRISTINE A.	3.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	
NAME	BARNES, JOHN R	4.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	MS	5.1 TITLE	
NAME	ERBEY, JOHN R.	5.2 NAME	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SVPA	6.1 TITLE	SVPA
NAME	WILHOIT, STEPHEN C	6.2 NAME	DLUTOWSKI, JOSEPH A.
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002	6.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., #1002
CITY-ST-ZIP	WEST PALM BEACH FL	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)