

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90284 034 ***150.00

DOCUMENT # F94000002110

1. Entity Name

ALLIED HOME MORTGAGE CAPITAL CORPORATION



Principal Place of Business

**6110 PINEMONT
#215
HOUSTON TX 77092
US**

Mailing Address

**PO BOX 924527
HOUSTON TX 77292-4527
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

76-0340141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HODGE, JIM C
STREET ADDRESS 6110 PINEMONT DR., SUITE 215
CITY-ST-ZIP HOUSTON TX 77092 ☐ Delete

TITLE PD
NAME Jim C. Hodge
STREET ADDRESS 60 Queen Street
CITY-ST-ZIP Frederiksted, St. Croix USVI 00840 ☒ Change ☐ Addition

TITLE S
NAME TAYLOR, MICHELE
STREET ADDRESS 6110 PINEMONT #215
CITY-ST-ZIP HOUSTON TX 77092 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVP
NAME STELL, JEANNE
STREET ADDRESS 6110 PINEMONT DR #215
CITY-ST-ZIP HOUSTON TX 77092-3216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME Don Clapsaddle
STREET ADDRESS 6110 Pinemont Drive, Suite 215
CITY-ST-ZIP Houston, TX 77092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Michele Taylor
STREET ADDRESS 6110 Pinemont Drive, Suite 215
CITY-ST-ZIP Houston, TX 77092 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM C. HODGE

04/23/04 713-353-0400

Date

Daytime Phone #