

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90089 031 ***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

10048970



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0340141**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGE, JIM C	
STREET ADDRESS	6110 PINEMONT DR., SUITE 215	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHELE	
STREET ADDRESS	6110 PINEMONT #215	
CITY-ST-ZIP	HOUSTON TX 77092	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FROSETH, STEVEN	
STREET ADDRESS	6110 PINEMONT DR., #215	
CITY-ST-ZIP	HOUSTON TX 77092-3216	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	STELL, JEANNE	
STREET ADDRESS	6110 PINEMONT DR #215	
CITY-ST-ZIP	HOUSTON TX 77092-3216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED Jim C. Hodge
President

03/11/03

713-353-0400

Date Daytime Phone #

CR2E034 (10/02)