

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022047

Entity Name: ALLIANT MORTGAGE COMPANY, INC.**Current Principal Place of Business:**340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH, FL 33480**Current Mailing Address:**340 ROYAL POINCIANA WAY, SUITE 305
PALM BEACH, FL 33480 US**FEI Number:** 65-0577821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SCOTT, KOTICK
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: COLUMBUS OH 33480

Title PD
Name HORWITZ, SHAWN
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: PALM BEACH FL 33480

Title VPTD
Name JENKINS, JAMES
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: PALM BEACH FL 33480

Title VPTD
Name JENKINS, JAMES C
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: PALM BEACH FL 33480

Title VPTD
Name JENKINS, JAMES
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: PALM BEACH FL 33480

Title VPTD
Name JENKINS, JAMES
Address 340 ROYAL POINCIANA WAY, SUITE 305
City-State-Zip: PALM BEACH FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN HORWITZ

COO

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date