

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004127

Entity Name: INNOVATE LOAN SERVICING CORPORATION**Current Principal Place of Business:**4704 MERCANTILE DRIVE
FORT WORTH, TX 76137-3605**Current Mailing Address:**P. O. BOX 164818
FORT WORTH, TX 76161 US**FEI Number:** 27-0785824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 PRESIDENT, DIRECTOR
Name MILLER, PRESTON
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title SECRETARY AND TREASURER
Name DEYOUNG, CAITLIN
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title DIRECTOR
Name REDLEAF, NATHANIEL
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title DIRECTOR
Name MORRIS, CLIFTON
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title DIRECTOR
Name GRIGGS, JOHN
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title EXECUTIVE VICE PRESIDENT
Name SCHWARTZ, THOMAS
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

Title EXECUTIVE VICE PRESIDENT
Name FRANCE, SCOTT
Address 4704 MERCANTILE DRIVE
City-State-Zip: FORT WORTH TX 76137-3605

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: PRESTON MILLER**PRESIDENT****03/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date