

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003300

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC4581618229**

**Entity Name:** INTERNATIONAL CITY MORTGAGE, INC.

**Current Principal Place of Business:**

333 S ANITA DRIVE  
SUITE 300  
ORANGE, CA 92868

**Current Mailing Address:**

333 S ANITA DRIVE  
SUITE 300  
ORANGE, CA 92868

**FEI Number:** 33-0231744

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE  
1ST FLOOR  
TALLAHASSEE, FL 32301 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:** FARRELL L. FACEY

03/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HANKLA, JAMES K  
Address 9480 GATEWAY DR, STE 201  
City-State-Zip: RENO NV 89521

Title V, SECRETARY  
Name FACEY, FARRELL L  
Address 333 S ANITA DRIVE #300  
City-State-Zip: ORANGE CA 92868

Title TREASURER  
Name DICKEY, MATTHEW W  
Address 333 S ANITA DRIVE SUITE 300  
City-State-Zip: ORANGE CA 92868

Title CHIEF OPERATIONS OFFICER  
Name ZIKA, GABRIELLE  
Address 333 S ANITA DRIVE SUITE 300  
City-State-Zip: ORANGE CA 92868

Title DIRECTOR  
Name COMISKY, CHARLES  
Address 250 VESEY ST, 23RD FL  
City-State-Zip: NEW YORK NY 10281

Title DIRECTOR  
Name ALLEN, HOWARD LEE  
Address 333 S ANITA DRIVE SUITE 300  
City-State-Zip: ORANGE CA 92868

Title DIRECTOR  
Name HANKLA, JAMES C  
Address 6028 AVENIDA DE CASTILLO  
City-State-Zip: LONG BEACH CA 90803

Title DIRECTOR  
Name DANILOWICZ, MATTHEW  
Address 2701 N ONTARIO ST  
City-State-Zip: BURBANK CA 91504

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*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:** FARRELL L. FACEY

EVP

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CHRISMAN, ROBERT JR.  
Address        97 SOUTHERN HEIGHTS  
City-State-Zip: SAN RAFAEL CA 94901

Title           DIRECTOR  
Name           MALONE, ROBERT  
Address        102 E MAIN ST  
City-State-Zip: SONORA TX 76950