

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005320

Entity Name: PRIMIS MORTGAGE COMPANY**Current Principal Place of Business:**5535 CURRITUCK DR.
SUITE 120 STE 350
WILMINGTON, NC 28403**Current Mailing Address:**5535 CURRITUCK DR.
SUITE 120 STE 350
WILMINGTON, NC 28403 US**FEI Number:** 84-2327160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHAIRMAN AND DIRECTOR
Name ZEMBER, DENNIS
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title CHIEF EXECUTIVE OFFICER AND
DIRECTOR
Name OWENS, JOHN
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title CHIEF FINANCIAL OFFICER AND
DIRECTOR
Name SWITZER, MATTHEW
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title CHIEF OPERATING OFFICER AND
DIRECTOR
Name KRONMUELLER, MARGARET
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title SECRETARY
Name WOOD, CHERYL
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title ASSISTANT SECRETARY
Name MITCHELL, GINA
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title DIRECTOR
Name WEBER, STEPHEN
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

Title CHIEF COMPLIANCE OFFICER
Name MACCAGNANO, MICHELLE
Address 5535 CURRITUCK DR.
SUITE 120 STE 350
City-State-Zip: WILMINGTON NC 28403

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: MICHELLE MACCAGNANO**CHIEF COMPLIANCE
OFFICER****03/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date