

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818027 (5)

1. Corporation Name
WEYERHAEUSER MORTGAGE COMPANY



Principal Place of Business: **6320 CANOGA AVE, 13 FL, WOODLAND HILLS CA 91367**
Mailing Address: **6320 CANOGA AVENUE, 13TH FLOOR - TR-28, WOODLAND HILLS CA 91367, US**

3. Date Incorporated or Qualified: **07/07/1964**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **95-2021917**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	VPS <input type="checkbox"/> DELETE
NAME	MCCARREY, L. CORDELL
STREET ADDRESS	6320 CANOGA AVE
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	D <input type="checkbox"/> DELETE
NAME	CREIGHTON, JOHN W.
STREET ADDRESS	WEYERHAEUSER COMPANY
CITY - ST - ZIP	TACOMA WA
TITLE	VD <input type="checkbox"/> DELETE
NAME	GRAINGER, THOMAS
STREET ADDRESS	6320 CANOGA AVE
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	AS <input type="checkbox"/> DELETE
NAME	MALLEK, ELLEN C
STREET ADDRESS	6320 CANOGA AVENUE
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	PD <input type="checkbox"/> DELETE
NAME	LANGE, DONALD E.
STREET ADDRESS	6320 CANOGA AVENUE
CITY - ST - ZIP	WOODLAND HILLS CA
TITLE	VD <input type="checkbox"/> DELETE
NAME	TIMOTHY A. BREEDLOVE
STREET ADDRESS	6320 CANOGA AVE
CITY - ST - ZIP	WOODLAND HILLS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen C. Mallek 4-11-96 (818) 592-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dephone Phone

CR2E034 (12/95)