

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 91367-2526 US
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3. Date Incorporated or Qualified 07/07/1964	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 95-2021917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARREY, L. CORDELL	1.2 NAME	
STREET ADDRESS	6320 CANOGA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WOODLAND HILLS CA	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREIGHTON, JOHN W.	2.2 NAME	DIANE BADAME
STREET ADDRESS	WEYERHAEUSER COMPANY	2.3 STREET ADDRESS	6320 CANOGA AVENUE
CITY - ST - ZIP	TACOMA WA	2.4 CITY - ST - ZIP	WOODLAND HILLS, CA 91367
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, THOMAS	3.2 NAME	
STREET ADDRESS	6320 CANOGA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WOODLAND HILLS CA	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLEK, ELLEN C	4.2 NAME	
STREET ADDRESS	6320 CANOGA AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WOODLAND HILLS CA	4.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, DONALD E.	5.2 NAME	
STREET ADDRESS	6320 CANOGA AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WOODLAND HILLS CA	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY A. BREEDLOVE	6.2 NAME	
STREET ADDRESS	6320 CANOGA AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WOODLAND HILLS CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mallek Ellen Mallek, Licensing Compliance Officer March 24, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)