

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 828440 (8)
1. Corporation Name

CTC Foreclosure Services Corporation

Principal Place of Business

Mailing Address

155 N. Lake Avenue
Legal Dept. MS 10-11
Pasadena, CA 91101

155 N. Lake Avenue
Legal Dept. MS 10-11
Pasadena, CA 91101

3. Date Incorporated or Qualified
08/08/72

3a. Date of Last Report
03/27/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

13-2641993

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

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
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

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 Director ☐ DELETE
NAME Loeb, David S.
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

1.1 TITLE

☐ Change ☐ Addition

TITLE Director ☐ DELETE
NAME Mozilo, Angelo
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

1.2 NAME

☐ Change ☐ Addition

TITLE Director, CEO ☐ DELETE
NAME Boone, Thomas H.
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE Secretary ☐ DELETE
NAME Samuels, Sandor E.
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Treasurer ☐ DELETE
NAME Meyers, Kevin L.
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

2.1 TITLE

☐ Change ☐ Addition

TITLE Assistant Secretary ☐ DELETE
NAME Poe, Patricia L.
STREET ADDRESS 155 N. Lake Avenue
CITY-ST-ZIP Pasadena, CA 91101

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Patricia L. Poe / Patricia L. Poe

05/14/96

818-666-5769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)