

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90350 033 ***150.00

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1. Entity Name
AEGIS MORTGAGE CORPORATION



Principal Place of Business
**3250 BRIARPARK DR
STE 400
HOUSTON, TX 77042**

Mailing Address
**3250 BRIARPARK DR
STE 400
HOUSTON, TX 77042**

20049218



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
77-0589883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	THOMPSON, RICHARD D
STREET ADDRESS	3250 BRIARPARK DR STE 400
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	VT
NAME	MARVIN, STUART D
STREET ADDRESS	3250 BRIARPARK DR STE 400
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	VS
NAME	BALOG, MICHAEL C
STREET ADDRESS	3250 BRIARPARK DR STE 400
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	D
NAME	PLATTUS, SETH P
STREET ADDRESS	450 PARK AVENUE, 28TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	NEPORENT, MARK A
STREET ADDRESS	450 PARK AVE 28TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael C. Balog* **Michael C. Balog, EVP & Secretary** *4/27/05* **713-787-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #