2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005067

Entity Name: AMC MORTGAGE SERVICES, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1101 TOWN & COUNTRY RD. SUITE 400				1101 TOWN & COUNTRY RD. SUITE 1100			
ORANGE,	CA 92868			ORANGE,	CA 92868		
Current Mailing Address:				New Mailing Address:			
1100 TOWN & COUNTRY RD., STE. 1100 ORANGE, CA 92868				1100 TOWN & COUNTRY RD. 12TH FLOOR ORANGE, CA 92868			
FEI Number:	22-3874234	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:	
2731 EXEC SUITE 4 WESTON, The above in the State	of Florida.	3	urpose o	f changing i	ts registered	office or registered agent, or both,	
SIGNATUF		nic Signature of Registered Age	nt			Data	
		3 3	IIL			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GRAZER, JOH	COUNTRY RD., STE. 1100		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NOTO, THOMA	COUNTRY RD., STE. 1100		Title: Name: Address: City-St-Zip:	MITAL, ASEE	COUNTRY RD., STE. 1100	
Title: Name: Address: City-St-Zip:	TIBEREND, DIA	COUNTRY RD., STE. 1100		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () RAPHAEL, WEI 1100 TOWN & ORANGE, CA 9	NDELL M COUNTRY RD., SUITE 1100		Title: Name: Address: City-St-Zip:	KEEN, JULE	COUNTRY RD., SUITE 1100	
Title: Name: Address: City-St-Zip:	CHRISTENSEN	COUNTRY RD., SUITE 1100		Title: Name: Address: City-St-Zip:	CHRISTENSE	COUNTRY RD., SUITE 1100	
Title: Name: Address: City-St-Zip:	BASS, ADAM J	Delete COUNTRY RD., SUITE 1100 92868		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANE E TIBEREND AS 04/26/2007 Date