FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90053 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000005642

1. Entity Name
OLYMPUS MORTGAGE COMPANY OF DELAWARE

Principal Place of Business	Mailing Address
1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868	1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868

2. Principal Place of Business	3. Mailing Address
505 S. Main St.	1100 Town & Country Rd
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 450
City & State Orange, CA	City & State Orange, CA 92868
Zip / Country 92868 / USA	Zip / Country 92868 / USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1643490 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BASS, ADAM J 1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVPD GRAZER, JOHN P 1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOTO, THOMAS J 1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS TIBEREND, DIANE E 1100 TOWN & COUNTRY RD STE. 1100 ORANGE, CA 92868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Diane E. Tiberend 4/29/03 714-541-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane E. Tiberend, Asst. Secretary

Attachment

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80114801

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane E. Tiberend, Asst. Secretary