

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90034 029 ***150.00

DOCUMENT # F02000005768					
1. Entity Name AMERIQUEST MORTGAGE INSURANCE SERVICES CORPORATION					
Principal Place of Business 505 CITY PARKWAY 3RD FLOOR ORANGE, CA 92868			Mailing Address 1100 TOWN & COUNTRY ROAD 12TH FLOOR ORANGE, CA 92868		
2. Principal Place of Business - No P.O. Box # 1100 Town & Country Rd Suite, Apt. #, etc. Ste 1200		3. Mailing Address 1100 Town & Country Rd Suite, Apt. #, etc. Ste 1200			
City & State Orange CA		City & State Orange CA		4. FEI Number 95-3918076	
Zip 92868		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME JOHNSON, JANE STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input type="checkbox"/> Delete		TITLE Diane E. Tiberend/President NAME Diane E. Tiberend STREET ADDRESS 1100 Town & Country Rd Ste 1200 CITY-ST-ZIP Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AV NAME ORTA, YVONNE STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BASS, ADAM J STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input type="checkbox"/> Delete		TITLE Adam J. Bass / Director NAME Adam J. Bass STREET ADDRESS 1100 Town & Country Rd Ste 1200 CITY-ST-ZIP Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME DILLINGHAM, DEL STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CHRISTENSEN, KAREN STREET ADDRESS 1100 TOWN & COUNTRY ROAD, SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input type="checkbox"/> Delete		TITLE Stasy Madigan/treas NAME Stasy Madigan STREET ADDRESS 1100 Town & Country Rd Ste 1200 CITY-ST-ZIP Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME TIBEREND, DIANE E STREET ADDRESS 1100 TOWN & COUNTRY RD SUITE 1100 CITY-ST-ZIP ORANGE, CA 92868	<input type="checkbox"/> Delete		TITLE Eileen Rubens / Secretary NAME Eileen Rubens STREET ADDRESS 1100 Town & Country Rd Ste 1200 CITY-ST-ZIP Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Diane E. Tiberend</u>			Diane E. Tiberend/Pres		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # 800-442-7706		