

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F03000001384**

1. Entity Name  
**MACQUARIE MORTGAGES USA INC.**



Principal Place of Business  
**5125 ELMORE ROAD, SUITE 6  
MEMPHIS, TN 38134**

Mailing Address  
**5125 ELMORE ROAD, SUITE 6  
MEMPHIS, TN 38184**



03152006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3840451**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fees Required

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GILL, ANTHONY
STREET ADDRESS	1 MARTIN PLACE
CITY- ST- ZIP	SYDNEY NSW 2000,
TITLE	VSTD
NAME	NAUDE, GERHARD L
STREET ADDRESS	5125 ELMORE ROAD, SUITE 6
CITY- ST- ZIP	MEMPHIS, TN 38134
TITLE	D
NAME	BAILLIE, MARK
STREET ADDRESS	ONE NORTH WACKER STREET, 9TH FLOOR
CITY- ST- ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/12/06 10:49:00 158.75

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: Gerhard Naude

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06 901-322-7400