

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006271

1. Entity Name
EMC RESIDENTIAL MORTGAGE CORPORATION



Principal Place of Business
**2780 LAKE VISTA DRIVE
LEWISVILLE, TX 75067**

Mailing Address
**2780 LAKE VISTA DRIVE
LEWISVILLE, TX 75067**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
34-2019091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee 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, 2007 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	GOLDEN, STEPHEN L
STREET ADDRESS	2780 LAKE VISTA DRIVE
CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	T
NAME	WOODFIELD, CRAIG L
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, #200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	S
NAME	BERGEN, CHRISTOPHER J
STREET ADDRESS	2780 LAKE VISTA DRIVE
CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	DCEO
NAME	DESCHENES, RANDALL M
STREET ADDRESS	2780 LAKE VISTA DRIVE
CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	D
NAME	HAGGERTY, MARY P
STREET ADDRESS	383 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07
Date

214-626-3812
Daytime Phone #

Christopher Bergen