2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005814

Entity Name: EMPIRE MORTGAGE X, INC.

FILED Apr 22, 2009 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

EP-3 11350 MCCORMICK RD., SUITE 502 EP-3 11350 MCCORMICK RD., SUITE 605 HUNT VALLEY, MD 21030

HUNT VALLEY, MD 21030

Current Mailing Address: New Mailing Address:

EP-3 11350 MCCORMICK RD., SUITE 502 EP-3 11350 MCCORMICK RD., SUITE 605

HUNT VALLEY, MD 21030 HUNT VALLEY, MD 21030

FEI Number: 52-1977328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARACORP INCORPORATED 236 EAST 6TH AVE TALLAHASSEE, FL 32303

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

Name: LOTT, CHARLES Name: LOTT, CHARLES

EP-3 11350 MCCORMICK RD., SUITE 502 EP-3 11350 MCCORMICK RD., SUITE 605 Address: Address:

City-St-Zip: HUNT VALLEY, MD 21031 City-St-Zip: HUNT VALLEY, MD 21031

VPVC Title: **VPVC** Title: () Delete (X) Change () Addition

OLSCHANSKY, GARY OLSCHANSKY, GARY Name: Name:

EP-3 11350 MCCORMICK RD., SUITE 502 EP-3 11350 MCCORMICK RD., SUITE 605 Address: Address:

HUNT VALLEY, MD 21031 HUNT VALLEY, MD 21031 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD OLSCHANSKY, CAROLYN OLSCHANSKY, CAROLYN Name: Name:

EP-3 11350 MCCORMICK RD., SUITE 502 EP-3 11350 MCCORMICK RD., SUITE 605 Address: Address:

City-St-Zip: HUNT VALLEY, MD 21031 City-St-Zip: HUNT VALLEY, MD 21031

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.

VPVC SIGNATURE: GARY OLSCHANSKY 04/22/2009