2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007268

1. Entity Name
REUNION MORTGAGE, INC.

Principal Place of Business	Mailing Address
860 HILLVIEW COURT, SUITE 300 MILPITAS, CA 95035	860 HILLVIEW COURT, SUITE 300 MILPITAS, CA 95035

04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3334010
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARACORP INCORPORTED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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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 signature required when reinstating)

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	CPT
NAME	THAYER, DAVID B
STREET ADDRESS	860 HILLVIEW COURT, SUITE 300
CITY-ST-ZIP	MILPITAS, CA 95035
TITLE	VCVP
NAME	HARVEY, R. KENT
STREET ADDRESS	860 HILLVIEW COURT, SUITE 300
CITY-ST-ZIP	MILPITAS, CA 95035
TITLE	S
NAME	HARVEY, R. KENT
STREET ADDRESS	860 HILLVIEW COURT, SUITE 300
CITY-ST-ZIP	MILPITAS, CA 95035
TITLE	D
NAME	BERLINSKI, MARSHA L
STREET ADDRESS	860 HILLVIEW COURT, SUITE 300
CITY-ST-ZIP	MILPITAS, CA 95035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80025-014 150.00

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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: _____ R. Kent Harvey 04/12/06 (408) 941-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #