

2007 **FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # F05000007268

1. Entity Name
REUNION MORTGAGE, INC.



Principal Place of Business

860 HILLVIEW COURT, SUITE 300
MILPITAS, CA 95035

Mailing Address

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 INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPT
THAYER, DAVID B
860 HILLVIEW COURT, SUITE 300
MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCVP
HARVEY, R. KENT
860 HILLVIEW COURT, SUITE 300
MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARVEY, R. KENT
860 HILLVIEW COURT, SUITE 300
MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERLINSKI, MARSHAL
860 HILLVIEW COURT, SUITE 300
MILPITAS, CA 95035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Marsha Berlinski Marsha Berlinski May 1, 2007 (408) 941-8366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #