

# 2007 FOR PROFIT CORPORATION

~~ANNUAL REPORT~~ REINSTATEMENT

FILED

194

07 SEP 28 AM 8:44

REINSTATEMENT 07 85



09042007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EVANS, THOMAS R 477 MADISON AVENUE, SUITE 430 NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DEFRANCO, ROBERT J 11760 US HIGHWAY 1, SUITE 500 WEST NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CUNNINGHAM, B. COTTER 11760 US HIGHWAY 1, SUITE 500 WEST NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO CUNNINGHAM, B. COTTER 11760 US HIGHWAY 1, SUITE 500 WEST NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HOOGERP, DANIEL P 11760 US HIGHWAY 1, SUITE 500 WEST NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LEE, ROGER 11760 US HIGHWAY 1, SUITE 500 WEST NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Address Only 11760 US Highway 1, Suite 200 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Address Only 11760 US Highway 1, Suite 200 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800110058008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Address Only 11760 US Highway 1, Suite 200 North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SEE ATTACHED LIST FOR ADDITIONAL D & O

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: \_\_\_\_\_ 9/5/07 (561) 630-1230  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**Mortgage Market Information Services, Inc.**

**Officers & Directors**

**Directors:**

Peter C. Morse

**Chairman of Board of Directors**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Thomas R. Evans

**Director**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

William C. Martin

**Director**  
11760 U.S. Highway 1, Suite 200  
North Palm Beach, FL 33408

Robert P. O'Block

**Director**  
11760 U.S. Highway 1, Suite 200  
North Palm Beach, FL 33408

Randall E. Poliner

**Director**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Richard Pinola

**Director**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

**Officers:**

Thomas R. Evans

**President and Chief Executive Officer**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Edward J. DiMaria

**Senior Vice President and Chief Financial Officer, Secretary**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Robert J. DeFranco

**Senior Vice President-Finance**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Donaldson M. Ross

**Senior Vice President-Chief Revenue Officer**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

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Bruce J. Zanca

**Senior Vice President-Chief  
Marketing/Communications Officer**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Steven L. Horowitz

**Senior Vice President-Business Development**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Daniel P. Hoogterp

**Senior Vice President-Chief Technology Officer**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Michael J. Ricciardelli

**Senior Vice President-Consumer Marketing**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408

Lynn Varsell

**Senior Vice President-Publisher**  
11760 US Highway 1, Suite 200  
North Palm Beach, FL 33408



CORPORATION SERVICE COMPANY

4034  
RECEIVED

07 SEP 28 PM 12:44

ACCOUNT NO. : 072100000032

REFERENCE : 249981 4312909

AUTHORIZATION :

COST LIMIT : \$ 150.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : September 28, 2007

ORDER TIME : 11:54 AM

ORDER NO. : 249981-025

CUSTOMER NO: 4312909

ANNUAL REPORT FILING

NAME: MORTGAGE MARKET INFORMATION  
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS:

DCS  
9/28/07