


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000005322		
1. Entity Name EMPIRE MORTGAGE IX, INC.		
Principal Place of Business 11350 MCCORMICK ROAD EP-E SUITE 502 HUNT VALLEY, MD 21031	Mailing Address 11350 MCCORMICK ROAD EP-E SUITE 502 HUNT VALLEY, MD 21031	



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1963842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PARACORP INCORPORATED 236 EAST 6TH AVE TALLAHASSEE, FL 32303
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**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, 2008 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 LOTT, CHARLES 11350 MCCORMICK ROAD EP-E SUITE 502 HUNT VALLEY, MD 21031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OLSCHANSKY, GARY 11350 MCCORMICK ROAD EP-E SUITE 502 HUNT VALLEY, MD 21031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLSCHANSKY, CAROLYN 11350 MCCORMICK ROAD EP-E SUITE 502 HUNT VALLEY, MD 21031
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04/10/08-80028-008 150.00

**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: *X Charles Lott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

Daytime Phone