2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004270

Entity Name: EXIGEN MORTGAGE ASSET MANAGEMENT, INC.

FILED May 01, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	of Business:
505 MONT SAN FRAN	GOMERY ST. NCISCO, CA 9	, SUITE 2300 04111		
Current Mailing Address:			New Mailing Address:	
	GOMERY ST. NCISCO, CA 9			
FEI Number:	: 26-3303479	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1200 SOU	PORATION SYSTEM PINE ISLANION, FL 33324	ND ROAD		
	named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Age			gent	Date
Election Car		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	·	ES TO OFFICERS AND DIRECTORS
Title: Name:	CS () BOGEN, KIMBE	Delete FRLEE S	Title: Name:	() Change () Addition
Address:		IERY ST., SUITE 2300	Address:	
City-St-Zip:	SAN FRANCISO	•	City-St-Zip:	
Title:	Р ()	Delete	Title:	() Change () Addition
Name:	GOLDEN, STE	PHEN	Name:	
	505 MONTGON		Address:	
Address:		IERY ST., SUITE 2300		
Address: City-St-Zip:	SAN FRANCISO		City-St-Zip:	
City-St-Zip: Title:	Т ()		Title:	() Change () Addition
City-St-Zip:	T ()	CO, CA 94111	•	() Change () Addition

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.

SIGNATURE: KIMBERL BOGEN SEC 05/01/2009