2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# F10000005174

Entity Name: OCWEN INSURANCE SERVICES CORPORATION

Current Principal Place of Business:

4837 WATT AVENUE
NORTH HIGHLANDS, CA 95660 US

New Principal Place of Business:

5304 HUMBOLDT COURT
ROCKLIN, CA 95765 US

Current Mailing Address:

1661 WORTHINGTON ROAD
SUITE 100
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 27-3647363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FARIS, RONALD M PD
Address: 1661 WORTHINGTON RD, STE 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: SEC
Name: KOCHES, PAUL A SEC
Address: 1661 WORTHINGTON RD, STE 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: TREA
Name: DELGADO, RICHARD TREA
Address: 1661 WORTHINGTON ROAD, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: DIR
Name: ERBEY, WILLIAM C DIR
Address: 2002 SUMMIT BOULEVARD, 6TH FLOOR
City-St-Zip: ATLANTA, GA 30319 US

I hereby 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 all other like empowered.

SIGNATURE: MARC ST. PIERRE POA 04/24/2012

Electronic Signature of Signing Officer or Director Date