

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000000385**

1. Entity Name

TRANSWORLD MORTGAGE CORPORATION

Principal Place of Business

13111 NORTHWEST FREEWAY
HOUSTON TX 77040
US

Mailing Address

13111 NORTHWEST FREEWAY
SUITE 500
HOUSTON TX 77040-6311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1707342

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES ST.
STE. #105
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> Delete
NAME	TANG, JAMES	
STREET ADDRESS	13111 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	LOUIE, THEODORE	
STREET ADDRESS	13111 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLY, D. ANN	
STREET ADDRESS	13111 NORTHWEST FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Ann Kelly*D. Ann Kelly
Senior VP & General Counsel

2/2/00

Date

713 895 6612

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90042 026 ***150.00

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DO NOT WRITE IN THIS SPACE