

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90206 025 \*\*\*150.00

DOCUMENT # F93000002779

1. Corporation Name  
TMS MORTGAGE INC.

Principal Place of Business  
707 3RD STREET  
WEST SACRAMENTO CA 95605

Mailing Address  
707 3RD STREET  
WEST SACRAMENTO CA 95605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

22-3217781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing... ☐  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME TEMPLETON, WILLIAM  
STREET ADDRESS 707 3RD STREET  
CITY-ST-ZIP WEST SACRAMENTO CA 95605

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DEVP ☐ DELETE  
NAME TURTLETAUB, MARC  
STREET ADDRESS 707 3RD STREET  
CITY-ST-ZIP WEST SACRAMENTO CA 95605

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DEVS ☐ DELETE  
NAME DEAR, MORTON  
STREET ADDRESS 2840 MORRIS AVENUE  
CITY-ST-ZIP UNION NJ 07083

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DEVP ☐ DELETE  
NAME TURTLETAUB, ALAN  
STREET ADDRESS 2840 MORRIS AVENUE  
CITY-ST-ZIP UNION NJ 07083

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME PUGLISI, HARRY  
STREET ADDRESS 707 3RD STREET  
CITY-ST-ZIP WEST SACRAMENTO CA 95605

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE  
NAME BENSON, ROBERT  
STREET ADDRESS 707 3RD STREET  
CITY-ST-ZIP WEST SACRAMENTO CA 95605

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Hurwitz, VP/Assistant Secretary (916)617-2697

Date

Daytime Phone #

CR2E034 (11/98)

0960320