

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90067 013 \*\*\*150.00

**DOCUMENT # F93000002779**

1. Entity Name  
**TMS MORTGAGE INC.**

Principal Place of Business      Mailing Address  
**707 3RD STREET      707 3RD STREET**  
**WEST SACRAMENTO CA 95605      WEST SACRAMENTO CA 95605-2811**

00041938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>22-3217781</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	President/Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TEMPLETON, WILLIAM			NAME	James E. Maynor		
STREET ADDRESS	707 3RD STREET			STREET ADDRESS	707 3rd Street		
CITY-ST-ZIP	WEST SACRAMENTO CA 95605			CITY-ST-ZIP	West Sacramento, CA 95695		
TITLE	DEVP	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURTLETAUB, MARC			NAME	Jerry M. Miller Jr.		
STREET ADDRESS	707 3RD STREET			STREET ADDRESS	301 South College Street		
CITY-ST-ZIP	WEST SACRAMENTO CA 95605			CITY-ST-ZIP	West Sacramento, CA 95605		
TITLE	DEVS	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEAR, MORTON			NAME	Arthur Q. Lyon		
STREET ADDRESS	2840 MORRIS AVENUE			STREET ADDRESS	707 3rd Street		
CITY-ST-ZIP	UNION NJ 07083			CITY-ST-ZIP	West Sacramento, CA 95605		
TITLE	DEVP	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURTLETAUB, ALAN			NAME	Christopher Oddleifson		
STREET ADDRESS	2840 MORRIS AVENUE			STREET ADDRESS	1000 Louis Rose Place		
CITY-ST-ZIP	UNION NJ 07083			CITY-ST-ZIP	Charlotte, NC 95805		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Senior Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUGLISI, HARRY			NAME	Bruce Hurwitz		
STREET ADDRESS	707 3RD STREET			STREET ADDRESS	707 3rd Street		
CITY-ST-ZIP	WEST SACRAMENTO CA 95605			CITY-ST-ZIP	West Sacramento, CA 95605		
TITLE	EVP	<input checked="" type="checkbox"/> Delete		TITLE	Senior Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENSON, ROBERT			NAME	Phillipp T. Gerlach		
STREET ADDRESS	707 3RD STREET			STREET ADDRESS	707 3rd Street		
CITY-ST-ZIP	WEST SACRAMENTO CA 95605			CITY-ST-ZIP	West Sacramento, CA 95605		

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:** *Bruce Hurwitz* **Bruce Hurwitz** **Senior Vice President** **2/4/00** **(916) 617-2697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)