

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002318 (3)

1. Corporation Name

OCWEN ASSET MANAGEMENT INC.

Principal Place of Business

515 N. FLAGLER DR.
PAVILION, 4TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address

515 N. FLAGLER DR.
PAVILION, 4TH FLOOR
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

4. FEI Number

65-0300358

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERBEY, JOHN R
515 N. FLAGLER DR.
PAVILION, 4TH FLOOR
WEST PALM BEACH FL 33401

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 C
NAME WISH, BARRY N
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DP
NAME ERBEY, WILLIAM C
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D
NAME BROWN, RORY A
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DS
NAME ERBEY, JOHN R
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

4.1 TITLE M/S ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VCFO
NAME REICH, CHRISTINE A
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

5.1 TITLE M/CFO ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VT
NAME TAYLOR, MARK B
STREET ADDRESS 515 N. FLAGLER DR., PAVILION 4TH FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401

6.1 TITLE SV/AS ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95

Title

Daytime Phone #