

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified  
05/05/1994

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 1675 PALM BEACH LAKES BLVD.

26 1675 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1002

27 SUITE 1002

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33401

25 USA

29 33401

30 USA

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

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)

1675 PALM BEACH LAKES BLVD., STE. 1002

83

84

City  
WEST PALM BEACH

FL

85

Zip Code  
33401

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type or printed name of registered agent and office address

(NOT: Registered Agent Signature required when registering)

4/4/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

14 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

24 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

34 CITY- ST- ZIP

4.1 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

44 CITY- ST- ZIP

5.1 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

54 CITY- ST- ZIP

6.1 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002

64 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S + C. Wilhoit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. WILHOIT, SR. VP, ASST. SEC.

4-4-96

407-681-8000

Date

Daytime Phone

CR2E034 (12/95)