

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -6 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004204

1. Entity Name
AMERIQUEST MORTGAGE COMPANY



Principal Place of Business
1100 TOWN AND COUNTRY ROAD
11TH FLOOR
ORANGE, CA 92868 US

Mailing Address
1100 TOWN AND COUNTRY ROAD
SUITE 450
ORANGE, CA 92868 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01282004 Chg-P CR2E034 (10/03)

4. FEI Number
33-0621598

Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	LANGS, KIRK	
STREET ADDRESS	1100 TOWN AND COUNTRY RD, 11TH FLOOR	
CITY-ST-ZIP	ORANGE, CA 92868	
TITLE	EV	<input checked="" type="checkbox"/> Delete
NAME	LEE, WAYNE	
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	
CITY-ST-ZIP	ORANGE, CA 92868	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GINSBERG, GEORGE S	
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	
CITY-ST-ZIP	ORANGE, CA 92868	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, KAREN	
STREET ADDRESS	1100 TOWN & COUNTRY RD, 11TH FL	
CITY-ST-ZIP	ORANGE, CA 92868	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TIBEREND, DIANE E	
STREET ADDRESS	1100 TOWN & COUNTRY RD #450	
CITY-ST-ZIP	ORANGE, CA 92868	
TITLE	EV, D	<input type="checkbox"/> Delete
NAME	BASS, ADAM	
STREET ADDRESS	1100 TOWN & COUNTRY RD 11TH FL	
CITY-ST-ZIP	ORANGE, CA 92868	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Noto	
STREET ADDRESS	1100 Town & Country Rd #1100	
CITY-ST-ZIP	Orange, CA 92868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane E. Tiberend **Diane E. Tiberend, Asst. Secty** 2/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #