2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005819

Entity Name: SAXON MORTGAGE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4860 COX RD. 4718 MERCANTILE DRIVE NORTH GLEN ALLEN, VA 23060 FORT WORTH, TX 76137 **Current Mailing Address: New Mailing Address:** 4860 COX RD. 4718 MERCANTILE DRIVE NORTH GLEN ALLEN, VA 23060 FORT WORTH, TX 76137 FEI Number: 52-1805887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDCF () Delete Title: (X) Change () Addition Name: RODMAN, KEVIN L Name: MEOLA, ANTHONY T 1585 BROADWAY 4718 MERCANTILE DRIVE NORTH Address: Address: City-St-Zip: NEW YORK, NY 10036 City-St-Zip: FORT WORTH, TX 76137 EVP Title: (X) Change () Addition Title: () Delete BETANA, ERNEST G Name: Name: THEOLOGIDES, STERGIOS 4860 COX ROAD, SUITE 300 4718 MERCANTILE DRIVE NORTH Address: Address: FORT WORTH, TX 76137 City-St-Zip: GLEN ALLEN, VA 23060 City-St-Zip: Title: Title: (X) Change () Addition SVP () Delete GREY, MATTHEW W CANTWELL, KATHRYN A Name: Name: 4860 COX ROAD, SUITE 300 4718 MERCANTILE DRIVE NORTH Address: Address: GLEN ALLEN, VA 23060 City-St-Zip: FORT WORTH, TX 76137 City-St-Zip: Title: AVP () Delete Title: VΡ (X) Change () Addition COON, FRANK T HEALAN, JAMES Name: Name: Address: 4708 MERCANTILE DRIVE Address: 4718 MERCANTILE DRIVE NORTH City-St-Zip: City-St-Zip: FT. WORTH, TX 76137 FT. WORTH, TX 76137 Title: VPCF (X) Delete Title: () Change () Addition PETTITT, CARRIE J Name: Name: 4860 COX ROAD, SUITE 300 Address: Address: City-St-Zip: GLEN ALLEN, VA 23060 City-St-Zip: Title: SVPT (X) Delete Title: () Change () Addition Name: SEBASTIAN, JENNIFER Name: Address: 4860 COX ROAD, SUITE 300 Address: City-St-Zip: City-St-Zip: GLEN ALLEN, VA 23060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY T. MEOLA PD 04/29/2009