

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90103 026 ***150.00

DOCUMENT # F94000006108
 1. Entity Name
EMC RESIDENTIAL MORTGAGE CORPORATION

Principal Place of Business 909 HIDDEN RIDGE DRIVE STE 200 IRVING TX 75038 US	Mailing Address 909 HIDDEN RIDGE DRIVE STE 200 IRVING TX 75038 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 75-2529660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUYLE, RALENE	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE # 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	C	<input type="checkbox"/> Delete
NAME	PURCHAL, TERRY	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE # 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	WITTE, MICHAEL	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE STE 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAICE, EDWARD	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE # 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	SVPA	<input checked="" type="checkbox"/> Delete
NAME	TEUFEL, ROGER C	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE # 200	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RYAN, DIANA	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE # 200	
CITY-ST-ZIP	IRVING TX 75038	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMLIN, SCOTT D	
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, #200	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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: Scott D. Samlin **Scott D. Samlin** April 24, 2001 972-444-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)