

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003787 (7)

1. Corporation Name

BNC MORTGAGE, INC.



Principal Place of Business

1740 E. GARRY AVE., STE. 109
SANTA ANA CA 92705

Mailing Address

P.O. BOX 11959
SANTA ANA, CA 92711-1959

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite Apt. # etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 11959

27 Suite, Apt. #, etc.

28 Santa Ana CA

29 Zip

30 Country

USA

4. FEI Number

33-0661303

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	DPTS	<input type="checkbox"/> DELETE
NAME	BUCKLEY, EVAN	
STREET ADDRESS	1740 E. GARRY AVE., STE. 109	
CITY - ST - ZIP	SANTA ANA CA 92705	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUCKLEY, EVAN	
1.3 STREET ADDRESS	1740 E GARRY AVE. # 109	
1.4 CITY - ST - ZIP	SANTA ANA, CA 92705	
2.1 TITLE	MONAHAN, KELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MONAHAN, KELLY	
2.3 STREET ADDRESS	1740 E GARRY AVE. # 109	
2.4 CITY - ST - ZIP	SANTA ANA, CA 92705	
3.1 TITLE	SHADLE, CARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHADLE, CARL	
3.3 STREET ADDRESS	1740 E GARRY AVE. # 109	
3.4 CITY - ST - ZIP	SANTA ANA, CA 92705	
4.1 TITLE	VANDER-HAEGHEN, GARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VANDER-HAEGHEN, GARY	
4.3 STREET ADDRESS	1740 E. GARRY AVE., #109	
4.4 CITY - ST - ZIP	SANTA ANA, CA 92705	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Monahan, V.P. 1/6/97 7142406000

Date

Daytime Phone #

CR2E034 (9/96)