

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 # F95000005428 (6)

1. Corporation Name

~~MORTGAGE BANKERS ACCEPTANCE CORP.~~

MORTGAGE CAPITAL RESOURCE CORPORATION

Principal Place of Business

1301 DOVE ST., STE. 290  
NEWPORT BEACH CA 92660

Mailing Address

1301 DOVE ST., STE. 290  
NEWPORT BEACH CA 92660

2. Principal Place of Business

2a. Mailing Address

21 850 E. Washington St.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Second Floor

27 City & State

City & State

23 Colton, Ca.

28 City & State

Zip

Zip

Country

Country

24 92324

25 USA

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

4. FEI Number

33-0427684 33-0425172

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. 193.032,  
Florida Statutes ☐ Yes ☒ No

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, if applicable

Signature typed or printed name of registered agent, if applicable

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE D  
NAME KETNER, KENNETH  
STREET ADDRESS 1301 DOVE ST., STE. 290  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE P  
NAME MARGOLIS, ROBERT  
STREET ADDRESS 1301 DOVE ST., STE. 290  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE CEO  
NAME LUBY, ROGER  
STREET ADDRESS 1301 DOVE ST., STE. 290  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE S  
NAME SCHMIDT, SUSAN  
STREET ADDRESS 1301 DOVE ST., STE. 290  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE CFO  
NAME BAINGO, CRAIG  
STREET ADDRESS 1301 DOVE ST., STE. 290  
CITY-ST-ZIP NEWPORT BEACH CA 92660

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President  
Kenneth Ketner  
3 Hutton Centre Dr., #150  
Santa Ana, Ca. 92707

200001880522  
-06/12/96--01130--006  
\*\*\*\*208.75 \*\*\*\*208.75

3 Hutton Centre Dr., #150  
Santa Ana, Ca. 92707

Secretary  
Craig Baingo  
850 East Washington St., Second Floor  
Colton, ca. 92324

850 East Washington St., Second Floor  
Colton, Ca. 92324

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: Craig Baingo, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 909-370-4311

File Date Phone

FILED

96 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (12/95)