

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # F96000001631 (8)

1. Corporation Name  
**MORTGAGE PORTFOLIO SERVICES, INC.**

Principal Place of Business

5420 HILTON HEAD DR.  
DALLAS TX 75287

Mailing Address

5420 HILTON HEAD DR.  
DALLAS TX 75287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/01/1996</b>	3a. Date of Last Report
4. FEI Number <b>06-1440985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 **5520 LBJ Frwy,**  
Suite, Apt. #, etc.

22 **200**

City & State

23 **Dallas, TX**

Zip

24 **75240**

Country

25 **USA**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 **CEO** ☐ DELETE  
NAME **HINTON, JAMES E**  
STREET ADDRESS **5420 HILTON HEAD DR**  
CITY-ST-ZIP **DALLAS TX 75287**

TITLE **VSD** ☐ DELETE  
NAME **BRADLEY, CHARLES E SR**  
STREET ADDRESS **62 SOUTHFIELD AVE., ONE STAMFORD LANDING**  
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **SV** ☒ DELETE  
NAME **POOLE, JOHN G**  
STREET ADDRESS **62 SOUTHFIELD AVE., ONE STAMFORD LANDING**  
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **DC** ☐ DELETE  
NAME **CANTON, MICHAEL W**  
STREET ADDRESS **1208 GREEN HERON POINT, 334 BIG CANOE**  
CITY-ST-ZIP **BIG CANOE GA 30143**

TITLE **D** ☐ DELETE  
NAME **BRADLEY, CHARLES E JR**  
STREET ADDRESS **#2 ADA, SUITE 100**  
CITY-ST-ZIP **IRVINE CA 92718**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**CATON, MICHAEL W.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

CR2E034 (4/97)