


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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000001631 (8)

1. Corporation Name
MORTGAGE PORTFOLIO SERVICES, INC.

Principal Place of Business

5520 LBJ FRWY #200
DALLAS TX 75240
US

Mailing Address

5520 LBJ FRWY #200
DALLAS TX 75240
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1440985	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	V
NAME	HINTON, JAMES E	1.2 NAME	STOCKWELL, GORDON S.
STREET ADDRESS	5420 HILTON HEAD DR	1.3 STREET ADDRESS	19200 VON KARMAN AVE. SUITE 950
CITY-ST-ZIP	DALLAS TX 75287	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VSD	2.1 TITLE	D
NAME	BRADLEY, CHARLES E SR	2.2 NAME	FEARER, ALAN K.
STREET ADDRESS	62 SOUTHFIELD AVE., ONE STAMFORD LANDING	2.3 STREET ADDRESS	#2 ADA ST, SUITE 100
CITY-ST-ZIP	STAMFORD CT 06802	2.4 CITY-ST-ZIP	IRVINE, CA 92618
TITLE	SV	3.1 TITLE	SV
NAME	POOLE, JOHN G	3.2 NAME	HEIBEL, DONALD J.
STREET ADDRESS	62 SOUTHFIELD AVE., ONE STAMFORD LANDING	3.3 STREET ADDRESS	1509 LEESE DRIVE
CITY-ST-ZIP	STAMFORD CT 06802	3.4 CITY-ST-ZIP	FLOWER MOUND, TX 75028
TITLE	DC	4.1 TITLE	TV
NAME	CATON, MICHAEL W	4.2 NAME	MCGOWAN, PATRICK X.
STREET ADDRESS	1208 GREEN HERON POINT, 334 BIG CANOE	4.3 STREET ADDRESS	4237 PINWOOD DRIVE
CITY-ST-ZIP	BIG CANOE GA	4.4 CITY-ST-ZIP	PLANO, TX 75093
TITLE	D	5.1 TITLE	V
NAME	BRADLEY, CHARLES E JR	5.2 NAME	WALDEN, DAVID
STREET ADDRESS	#2 ADA, SUITE 100	5.3 STREET ADDRESS	1204 OAKMOUNT PLACE
CITY-ST-ZIP	IRVINE CA 92718	5.4 CITY-ST-ZIP	RICHARDSON, TX 75081
TITLE		6.1 TITLE	V
NAME		6.2 NAME	MATHIS, DIANA L.
STREET ADDRESS		6.3 STREET ADDRESS	132 STAGECOACH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	RED OAK, TX 75154

14. 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 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: Diana Mathis
DIANA L. MATHIS, V.P. 4/15/98 (214) 860-1140

CR2E034 (10/97)