

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001631

1. Entity 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 75240-6297
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1440985

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
HINTON, JAMES E
5420 HILTON HEAD DR
DALLAS TX 75287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DAVID WALDEN
1204 OAKMOUNT PLACE
RICHARDSON, TX 75081 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STOCKWELL, GORDON S
19200 VON KARMAN AVE SUITE 950
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERREE, ALAN K
#2 ADA ST SUITE 100
IRVINE CA 92618 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
CATON, MICHAEL W
1208 GREEN HERON POINT, 334 BIG CANOE
BIG CANOE GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
HEIBEL, DONALD J
1509 LEESE DRIVE
FLOWER MOUND TX 75028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
HEIBEL, DONALD J.
1509 LEESE DRIVE
FLOWER MOUND TX 75028 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
MCGOWAN, PATRICK X
4237 PINEWOOD DRIVE
PLANO TX 75093 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

214-860-1135

Daytime Phone #



DO NOT WRITE IN THIS SPACE