

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001631

1. Entity Name

MORTGAGE PORTFOLIO SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90179 039 ***150.00

Principal Place of Business

Mailing Address

5520 LBJ FRWY #200
DALLAS TX 75240
US

5520 LBJ FRWY #200
DALLAS TX 75240
US

00000016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4144 N. CENTRAL EXPRESSWAY

4144 N. CENTRAL EXPRESSWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 800

SUITE 800

City & State

City & State

DALLAS, TX

DALLAS, TX

Zip

Country

Zip

Country

75204

USA

75204

USA

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, 2001 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 PCEO ☐ Delete
NAME HINTON, JAMES E
STREET ADDRESS 5420 HILTON HEAD DR
CITY-ST-ZIP DALLAS TX 75287

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 327 WALNUT GROVE LANE
CITY-ST-ZIP COPPELL, TEXAS 75019

TITLE V ☐ Delete
NAME WALDEN, DAVID
STREET ADDRESS 1204 OAKMOUNT PL
CITY-ST-ZIP RICHARDSON TX 75081

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

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

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

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

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

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:

Patrick X. McGowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK X. MCGOWAN 4/26/01 (214) 860-1135

Date

Daytime Phone #

CR2E034 (10/00)