

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90023 007 \*\*\*150.00

DOCUMENT # F96000005007

1. Corporation Name

AMRESCO RESIDENTIAL MORTGAGE CORPORATION

Principal Place of Business

16800 ASTON ST.  
IRVINE CA 92714

Mailing Address

700 N. PEARL  
STE 2400  
DALLAS TX 75201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

75-2667449

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 92606 25 USA

28 Zip Country  
29 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	PDC	<input checked="" type="checkbox"/> DELETE
NAME	READING, SCOTT J	
STREET ADDRESS	3401 CENTRELAKE DR., #480	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	VDCF	<input checked="" type="checkbox"/> DELETE
NAME	TRICKEY, MICHAEL W	
STREET ADDRESS	3401 CENTRELAKE DR., #480	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARX, JASON R	
STREET ADDRESS	3401 CENTRELAKE DR., #480	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CHIAPETTA, MARY	
STREET ADDRESS	3401 CENTRELAKE DR., #480	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TRENTMANN, MARK E SR	
STREET ADDRESS	3401 CENTRELAKE DR., #480	
CITY-ST-ZIP	ONTARIO CA 91761	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BLACKWELL, L K	
STREET ADDRESS	700 N. PEARL, #2400 LB 342	
CITY-ST-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER J. LEVASSEUR	
1.3 STREET ADDRESS	16800 ASTON STREET	
1.4 CITY-ST-ZIP	IRVINE, CA 92606	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS J. ANDRUS	
2.3 STREET ADDRESS	700 N. PEARL STREET, SUITE 2400	
2.4 CITY-ST-ZIP	DALLAS, TX 75201-7424	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BLACKWELL, L. KEITH	
6.3 STREET ADDRESS	700 N. PEARL STREET, SUITE 2400	
6.4 CITY-ST-ZIP	DALLAS, TX 75201-7424	

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, with all other like empowered.

SIGNATURE: *Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

214-953-7725

Date

Daytime Phone #

CR2E034 (1/98)