

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005806

Entity Name: CIMARRON MORTGAGE COMPANY

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

6311 RIDGEWOOD ROAD
SUITE 400 W
JACKSON, MS 39211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12830
JACKSON, MS 392362830 US

New Mailing Address:

FEI Number: 64-0809254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SALVO, PAUL J
Address: 6225 WATERFORD DR
City-St-Zip: JACKSON, MS 39211

Title: EVP () Delete
Name: SCOTT, LINDA
Address: 1480 LIVINGSTON-VERNON ROAD
City-St-Zip: FLORA, MS 39071

Title: DC () Delete
Name: MCREE, MICHAEL T
Address: 426 RICHARDSON ROAD
City-St-Zip: MADISON, MS 39110

Title: D () Delete
Name: BAILEY, H C JR
Address: 20 WATERSTONE PLACE
City-St-Zip: JACKSON, MS 39211

Title: D () Delete
Name: MOORE, RODERICK A
Address: 103 PELICAN PLACE
City-St-Zip: BRANDON, MS 39047

Title: S () Delete
Name: YORK, MARY
Address: 120 WINDSOR HILLS DRIVE
City-St-Zip: MADISON, MS 39110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JARRATT, ROBERT
Address: PO BOX 1800
City-St-Zip: RIDGELAND, MS 39157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M YORK

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04/21/2009

Electronic Signature of Signing Officer or Director

Date