

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 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90047 038 \*\*\*150.00

DOCUMENT # F97000000935

1. Corporation Name

STERLING CAPITAL MORTGAGE COMPANY

Principal Place of Business

13100 NW FRWY #200  
HOUSTON TX 77040  
US

Mailing Address

13100 NW FRWY #200  
HOUSTON TX 77040  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

76-0423244

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DCP  
THREADGILL, JONATHAN B  
13101 NW FRWY #120  
HOUSTON TX 77040

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13100 NORTHWEST Fwy #200

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO  
THREADGILL, JONATHAN B  
13101 NW FRWY #120  
HOUSTON TX 77040

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

13100 NORTHWEST Fwy #200

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV  
STEWART, RANDY R  
13101 NW FRWY #120  
HOUSTON TX 77040

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

13100 NORTHWEST Fwy #200

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
GILES, MARK T  
13101 NW FRWY #120  
HOUSTON TX 77040

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Chuck Klein  
13100 NORTHWEST Fwy #200

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SV  
FEAGANS, SUSAN  
13101 NW FRWY #120  
HOUSTON TX 77040

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

13100 NORTHWEST Fwy #200

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TCFO  
GILBERT, GORDON B JR  
13101 NW FRWY #120  
HOUSTON TX 77040

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Kevin U. Polivka  
13100 NORTHWEST Fwy #200

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:

Kevin W. Polivka

KEVIN POLIVKA

4-28-99

713.845.6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)