

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90046 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003358

1. Corporation Name
AURORA LOAN SERVICES INC.

Principal Place of Business 2530 SOUTH PARKER RD STE 601 AURORA CO 80014	Mailing Address 601 5HT AVE P O BOX 1706 SCOTTSBLUFF NE 69361 US
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DO NOT WRITE IN THIS SPACE

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	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 06/27/1997	
4. FEI Number 13-3947742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, NEAL B	1.2 NAME	Regina Lashley
STREET ADDRESS	3 WORLD FINANCIAL CENTER	1.3 STREET ADDRESS	601 5th Avenue
CITY-ST-ZIP	NEW YORK NY 10285	1.4 CITY-ST-ZIP	Scottsbluff, NE 69361
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBMAN, BRIAN	2.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHERELL, BRUCE M	3.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	3.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINT, DAVID E	4.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10285	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOGG, RICK W	5.2 NAME	
STREET ADDRESS	2530 SO PARKER RD STE 601	5.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA CO 80014	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUTMAN, LEO C JR	6.2 NAME	
STREET ADDRESS	601 5TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSBLUFF NE 69361	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	NEW YORK NY 10285	1.4 CITY-ST-ZIP	Scottsbluff, NE 69361
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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: Regina Lashley Vice President 04/20/99 (308) 220-2209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)