

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # F97000003358

1. Entity Name

Aurora Loan Services Inc



03 MAY -6 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2530 S. PARKER RD, STE 601

3. Mailing Address

SAME

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

SAME

City & State

AURORA, CO.

City & State

SAME

Zip

80014

Country

USA

Zip

SAME

Country

SAME

4. FEI Number

13-3947742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE CO

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City TALLAHASSEE

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Rick W. Skogg
STREET ADDRESS 2530 S. Parker Rd, # 601, Aurora, co. 80014
CITY-ST-ZIP

TITLE D
NAME Brenton D. Anderson
STREET ADDRESS 745 7th Ave, New York, NY 10019
CITY-ST-ZIP

TITLE D
NAME Edward S. Grieb
STREET ADDRESS 745 7th Ave, New York, NY 10019
CITY-ST-ZIP

TITLE CEO
NAME Ralph L. Lenzi,
STREET ADDRESS 2530 S. Parker Rd, #601, Aurora, CO. 80014
CITY-ST-ZIP

TITLE AVP/Assistant Secretary,
NAME Aida Y. Sarmast
STREET ADDRESS 2530 S. Parker Rd, #601, Aurora, Co. 80014
CITY-ST-ZIP

TITLE SVP
NAME Kim Garman, Compliance
STREET ADDRESS 2530 S. Parker Rd, #601, Aurora, CO. 80014
CITY-ST-ZIP

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IN THIS SPACE**

AS/11

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aida Y. Sarmast

Aida Y. Sarmast, AVP/Licensing

5/5/2003

(303)632-3065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)