

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006759

1. Entity Name

COMMERCIAL FEDERAL MORTGAGE CORPORATION

Principal Place of Business

2120 S. 72ND ST.  
OMAHA NE 68124

Mailing Address

11207 W DODGE RD  
2ND FLOOR  
OMAHA NE 68154-2617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0659799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
State Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CAMPBELL, RICK  
STREET ADDRESS 450 REGENCY PKWY  
CITY-ST-ZIP OMAHA NE 68114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP ☒ Delete  
NAME ASH, MARGARET E  
STREET ADDRESS 4501 DODGE ST  
CITY-ST-ZIP OMAHA NE 68132

TITLE SVP ☒ Change ☐ Addition  
NAME Ronald P Cheffer  
STREET ADDRESS 2120 South 72 Street  
CITY-ST-ZIP Omaha, NE 68124

TITLE ST ☐ Delete  
NAME KRINGS, ANTHONY J  
STREET ADDRESS 2120 S. 72ND ST.  
CITY-ST-ZIP OMAHA NE 68124

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP ☒ Delete  
NAME BAUGH, GARY  
STREET ADDRESS 120 S MAIN ST  
CITY-ST-ZIP WICHITA KS 67202

TITLE SVP ☒ Change ☐ Addition  
NAME Monte Deer  
STREET ADDRESS One Grand Park 777 NW Grand Blvd  
CITY-ST-ZIP Oklahoma City, OK 73118

TITLE D ☐ Delete  
NAME FITZGERALD, WILLIAM A  
STREET ADDRESS 2120 S. 72ND ST.  
CITY-ST-ZIP OMAHA NE 68124

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MATTER, GARY L  
STREET ADDRESS 2120 S. 72ND ST.  
CITY-ST-ZIP OMAHA NE 68124

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90062 015 \*\*\*150.00

704936



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)