

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  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90102 045 \*\*\*150.00

DOCUMENT # F98000001050

1. Corporation Name

MERITAGE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

7909 PARKLANE ROAD  
COLUMBIA SC 29223

7909 PARKLANE ROAD  
COLUMBIA SC 29223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1998

4. FEI Number

93-1186856

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALDWIN, D F	
STREET ADDRESS	5665 SW MEADOWS RD, STE 350	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BALDWIN, MICHAEL C	
STREET ADDRESS	5665 SW MEADOWS RD, STE 350	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALDWIN, RICK W	
STREET ADDRESS	5665 SW MEADOWS RD, STE 350	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BALDWIN, SCOTT E	
STREET ADDRESS	5665 SW MEADOWS RD, STE 350	
CITY-ST-ZIP	LAKE OSWEGO OR	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, STEVEN F	
STREET ADDRESS	7909 PARKLANE ROAD	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, JEFFERY W	
STREET ADDRESS	5665 SW MEADOWS ROAD, STE 350	
CITY-ST-ZIP	LAKE OSWEGO OR	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry W. Reed	
3.3 STREET ADDRESS	7909 Parklane Road	
3.4 CITY-ST-ZIP	Columbia, C 29223	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David W. Johnson, Jr.	
4.3 STREET ADDRESS	7909 Parklane Road	
4.4 CITY-ST-ZIP	Columbia, SC 29223	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rick M. Linn	
5.3 STREET ADDRESS	5665 SW Meadows Road, Suite 350	
5.4 CITY-ST-ZIP	Lake Oswego, OR 97035	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Beth Jourdain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999 (803) 741-3254

Date

Daytime Phone #

CR2E034 (1/98)

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