## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000001050



## FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90040 037 \*\*\*150.00

1. Entity Name MERITAGE MORTGAGE CORPORATION					01-30-2000	3 90040 037	130.00	
	DO NOT WRITE	IN THIS SI	PAC	E				
	Place of Business GEMINI DRIVE	Mailing Address     7215 FINANCIAL WAY						
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. ATTN: LAURA AUSTIN		DO NOT WRITE IN THIS SPACE				
City & Stat BEAVERT	e ON, OR	City & State JACKSONVILLE, FL		4. FEI Number 93-1186856 Applied For Not Applical		Applied For Not Applicable		
<sup>Zip</sup> 97008	Country Zip 32256		Coun			Desired \$8.75 Additional Fee Required		
DO NOT WRITE				7. Name and Address of Current Registered Agent Name OT CORROLATION SYSTEM				
				CI	CORPORATION SYST			
IN THIS SPACE				Street Addres	(P.O. Box Number is Not Acceptable)			
				1200 SOUTH PINE ISLAND ROAD		√D	)	
				City PLAN	TATION	FL	Zip Code 33324	
	Signature, typed or printed name of registered agent at nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND D	State	E: Registera	d Agent signature requ	9. Election Campaig Trust Fund Contril	· -	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russell L. Burdsall 7215 Financial Way Jacksonville, FL 32256				· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President William M. Ross 7215 Financial Way Jacksonville, Fl. 32256			t				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Charles E. Mapson 7215 Financial Way Jaksonville, El. 32256				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer Steven F. Herbert 9710 Two Notch Road Columbia, SC 29223			IN THIS SPA		SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Jerald W. McCoy 7215 Financial Way Jacksonville, Ft. 32256							
NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Louise Poitras 7215 Financial Way Lacksonville FI 32256		ÇITY		0.07(0.0			

Thereby 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:

Louise Poitras SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-2006

904-251-6716