

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 019 ***150.00

DOCUMENT # F98000001050

1. Entity Name

Meritage Mortgage Corporation



DO NOT WRITE IN THIS SPACE

90100481

2. Principal Place of Business
6000 SW Meadows Road

3. Mailing Address
9710 Two Notch Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Lake Oswego

Columbia, SC

Zip
97035

Country
Clarkamas

Zip
29223

Country
Richland

4. FEI Number 93-1186856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code
33324

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
William M. Ross
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T/EVP
Steven F. Herbert
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/D
Charles E. Mapson
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP/D
Russell L. Burdsall
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EVP
Jerald W. McCoy
9710 Two Notch Road Columbia, SC 29223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Signature and Title of Registered Agent or Signing Officer or Director

4/18/03 (803) 462-8234

Date

Daytime Phone #

CR2E034B (12/02)