

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002011

1. Entity Name
BNC MORTGAGE, INC.

Principal Place of Business

1063 MCGAW AVE.
IRVINE CA 92614

Mailing Address

1063 MCGAW AVE.
IRVINE CA 92614-5532

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 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

TITLE PD
NAME MONAHAN, KELLY See attachment ☐ Delete
STREET ADDRESS 1063 MCGAW AVE.
CITY-ST-ZIP IRVINE CA 92614

TITLE PCFO
NAME MONAHAN, KELLY W ☐ Delete
STREET ADDRESS 1063 MCGAW AVE.
CITY-ST-ZIP IRVINE CA 92614

TITLE V
NAME VANDER-HAEGHEN, GARY ☐ Delete
STREET ADDRESS 1063 MCGAW AVE.
CITY-ST-ZIP IRVINE CA 92614

TITLE V
NAME LAPENA, AL ☐ Delete
STREET ADDRESS 1063 MCGAW AVE.
CITY-ST-ZIP IRVINE CA 92614

TITLE D
NAME TOMKINSON, JOSEPH R ☐ Delete
STREET ADDRESS 20371 IRVINE AVE.
CITY-ST-ZIP SANTA ANA HEIGHTS CA 92707

TITLE D
NAME HONIG, KEITH C ☐ Delete
STREET ADDRESS 1 SUN AMERICA CENTER, CENTURY CITY
CITY-ST-ZIP LOS ANGELES CA 90067-6022

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 90087 011 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
33-0661303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

01-21-2000

CR

1/14/00 (949) 260-6052