

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90429 022 \*\*\*150.00

**DOCUMENT # F98000002011**

1. Entity Name

**BNC MORTGAGE, INC.**



Principal Place of Business

**1901 MAIN STREET  
IRVINE CA 92614**

Mailing Address

**1901 MAIN STREET  
IRVINE CA 92614**

**94064329**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0661303**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MONAHAN, KELLY  
STREET ADDRESS 1901 MAIN STREET  
CITY-ST-ZIP IRVINE CA 92614

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

TITLE SVPD ☐ Delete  
NAME EVANS, PETER  
STREET ADDRESS 1901 MAIN STREET  
CITY-ST-ZIP IRVINE CA 92614

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

TITLE V ☐ Delete  
NAME VANDER-HAEGHEN, GARY  
STREET ADDRESS 1901 MAIN STREET  
CITY-ST-ZIP IRVINE CA 92614

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

TITLE V ☐ Delete  
NAME LAPENA, AL  
STREET ADDRESS 1901 MAIN STREET  
CITY-ST-ZIP IRVINE CA 92614

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

TITLE D ☐ Delete  
NAME LOCHER, KURT A  
STREET ADDRESS 19 MEADOWBROOK  
CITY-ST-ZIP DARIEN CT 06820

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10 Bates Farm Lane  
CITY-ST-ZIP Darien, CT 06820

TITLE D ☐ Delete  
NAME FRANKS, LANA  
STREET ADDRESS 33 RIVERSIDE DRIVE #12F  
CITY-ST-ZIP NEW YORK NY 10023

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

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

**SIGNATURE:**

**Peter Evans, Sr. VP/CFO**

**4/22/4**

**(949)260-6084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #