

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0661303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
03/28/06-30023-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONAHAN, KELLY
STREET ADDRESS	1901 MAIN STREET
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	SVP
NAME	EVANS, PETER
STREET ADDRESS	1901 MAIN STREET
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	V
NAME	VANDER-HAEGHEN, GARY
STREET ADDRESS	1901 MAIN STREET
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	V
NAME	FRANKS HARBET, LANA
STREET ADDRESS	745 7TH AVENUE 4TH FL TRADING DESK
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	WITHERELL, BRUCE
STREET ADDRESS	745 7TH AVENUE 4TH FL TRADING DESK
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	FRANKS, LANA
STREET ADDRESS	33 RIVERSIDE DRIVE #12F
CITY-ST-ZIP	NEW YORK, NY 10023

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Evans; Sr. V.P.

Date

Daytime Phone #

3/13/06