

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90064 040 ***150.00

DOCUMENT # F98000003926

1. Entity Name
AMRESCO INDEPENDENCE FUNDING, INC.

Principal Place of Business 700 NORTH PEARL STE 1900 DALLAS TX 75201	Mailing Address 700 NORTH PEARL STE 1900 DALLAS TX 75201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. Suite 1850	3. Mailing Address Suite, Apt. #, etc. Suite 1850
City & State	City & State

4. FEI Number 75-2766330	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, B. RUSS 700 NORTH PEARL, STE 2400 DALLAS TX 75201-7424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Change Suite # to 1850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL JR, CHARLES P 700 NORTH PEARL, STE 2400 DALLAS TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Change Suite # to 1850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSON, CHARLES B 700 NORTH PEARL, STE 2400 DALLAS TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Peter Briger 700 N. Pearl, Suite 1850 Dallas, TX 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS REAGAN, DARLENE F 700 N PEARL ST STE 2400 DALLAS TX 75201-7424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Change Suite # to 1850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RANDOLPH E 700 NORTH PEARL, STE 2400 DALLAS TX 75201-7424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Randal A. Nardone 700 N. Pearl, Suite 1850, Dallas, TX 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, L K 700 NORTH PEARL, STE 2400 DALLAS TX <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Lance West 700 N. Pearl, Suite 1850 Dallas, TX 75201-7424

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: *Darlene F. Reagan* 214-953-8970 **Darlene F. Reagan, Secretary** 04/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)