## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F98000006372

Entity Name: OAKMONT MORTGAGE COPANY, INC.

FILED Jan 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
	BANK BLVD., S ID HILLS, CA				
Current Mailing Address:			New Mailing Address:		
21800 BUR WOODLAN	BANK BLVD., ID HILLS, CA	SUITE #200 91367			
FEI Number: 95-4249786 FEI Number Applied F		FEI Number Applied For ( )	FEI Number Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electronic	Signature of Registered Agen	t	Date	
Election Cam		satisfy its Intangible Tax filing requi Trust Fund Contribution(). ORS:		do so (X). IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	WISE, JOHN R	Delete ( BLVD., SUITE #200 LS, CA 91367	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KRAVETZ, NORM	BLVD., SUITE #200	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KRAVETZ, NORMAN J 21800 BURBANK BLVD., SUITE 330 WOODLAND HILLS, CA 91367	
Title: Name: Address: City-St-Zip:	THOMPSON, BR	CBLVD., SUITE #200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () I DESCHAMPS, G 21800 BURBANK WOODLAND HIL	AIL K ( BLVD., SUITE #200	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ()[ WISE, JOHN R J 21800 BURBANK WOODLAND HIL	BLVD/STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWN, MADEL	CBLVD, SUITE #200	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition WISE, MICHAEL A 21800 BURBANK BLVD., SUITE 200 WOODLAND HILLS, CA 91367	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL K. DESCHAMPS ST 01/24/2002