

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90406 017 ****50.00

DOCUMENT # M01000001863

1. Entity Name

ARGENT MORTGAGE COMPANY, L.L.C.

Principal Place of Business

**1100 TOWN & COUNTRY ROAD, STE. 900
 ORANGE CA 92868**

Mailing Address

**1100 TOWN & COUNTRY ROAD, STE. 900
 ORANGE CA 92868**

967934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Town & Country Road

3. Mailing Address

1100 Town & Country Road

Suite, Apt. #, etc.

900

Suite, Apt. #, etc.

900

City & State

Orange, CA

City & State

Orange, CA

Zip

92868

Country

Zip

92868

Country

4. FEI Number

33-0981316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Kirk Langs	
STREET ADDRESS	1100 Town & Country Rd., Ste 1100	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Adam J. Bass	
STREET ADDRESS	1100 Town & Country Rd., Ste 1100	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	John P. Grazer	
STREET ADDRESS	1100 Town & Country Rd., ste 1100	
CITY-ST-ZIP	Orange, CA 92868	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Wayne Lee	
STREET ADDRESS	1100 Town & Country Road, Ste 1100	
CITY-ST-ZIP	Orange, CA 92868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John P. Grazer

SIGNATURE REQUIRED

5-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)