

**NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

**00 APR 10 AM 11:11**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # M05803**

1. Corporation Name

**TORONTO DOMINION MORTGAGE COMPANY (U.S.A.), INC.**

*"Reinstate"*

Principal Place of Business

Mailing Address

**ATTN: M.J. LUPER Attn: Chris Landherr**  
**909 FANNIN ST., SUITE 1700**  
**HOUSTON TX 77010**

**ATTN: M.J. LUPER Attn: Chris Landherr**  
**909 FANNIN ST., SUITE 1700**  
**HOUSTON TX 77010**

**REINSTATEMENT 99-00**

3. Date Incorporated or Qualified

**09/28/1984**

**SP**

2. Principal Place of Business

2a. Mailing Address

**26**

4. FEI Number

**59-2472543**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

**28**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

**25**

Zip

Country

**29**

**30**

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

**3/23/00**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUEBNER, V J	
STREET ADDRESS	31 W 52 STR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CLAUDE, CAROLE A.	
STREET ADDRESS	909 FANNIN ST., #1700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPELMAN, P.S.	
STREET ADDRESS	31 WEST 52 ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANDHERR, C. D.	
STREET ADDRESS	909 FANNIN ST, STE 1700	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300003230143-1**  
**-05/01/00--01003--021**  
**\*\*\*\*900.00 \*\*\*\*900.00**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/30/00**

**(713) 653-9292**

Date

Daytime Phone #

CR2E034 (5/99)