

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M26719

FILED
Feb 12, 2003
Secretary of State

Entity Name: AFFILIATED MORTGAGE SERVICES, INC.

Current Principal Place of Business:

6132 ROYAL BIRKDALE DR
LAKE WORTH, FL 33463 US

New Principal Place of Business:

6132 ROYAL BIRKDALE DR
SUITE 109
LAKE WORTH, FL 33463 US

Current Mailing Address:

6132 ROYAL BIRKDALE DRIVE
LAKE WORTH, FL 33463 US

New Mailing Address:

6132 ROYAL BIRKDALE DRIVE
SUITE 109
LAKE WORTH, FL 33463 US

FEI Number: 59-2630752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, DONALD L
1201 US HWY. 1
STE. 415
N. PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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 Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: KIRSCH, MAXINE,
Address: 6020 NW 42ND WAY
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: KIRSCH, ETHEL,
Address: WELLINGTON E 203
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: KIRSCH, MAXINE,
Address: 6132 ROYAL BIRKDALE DR., STE 109
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change () Addition
Name: KIRSCH, ETHEL,
Address: WELLINGTON E 203
City-St-Zip: WEST PALM BEACH, FL 33417

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: MAXINE KIRSCH

P

02/12/2003

Electronic Signature of Signing Officer or Director

Date