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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32499**

(6)

1. Corporation Name

EMC MORTGAGE CORPORATION

Principal Place of Business

**222 W LOS COLINAS BLVD
STE #600
IRVING TX 75039
US**

Mailing Address

**115 SOUTH JEFFERSON ROAD
ATTN: NANCY LOPEZ
WHIPPANY NJ 07981-1029
US**

3. Date Incorporated or Qualified

01/16/1991

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 222 W. Las Colinas Blvd.
Suite, Apt. #, etc.

22 Suite 600

City & State

23 Irving, TX

Zip

24 75039

Country

25 USA

2a. Mailing Address

26 222 W. Las Colinas Blvd.
Suite, Apt. #, etc.

27 Suite 600

City & State

28 Irving, TX

Zip

29 75039

Country

30 USA

4. FEI Number

13-3587347

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	STV	<input type="checkbox"/> DELETE
NAME	MITCHELL, SUSAN	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
CITY-ST-ZIP	IRVING TX	

TITLE	DSVM	<input type="checkbox"/> DELETE
NAME	STEPANEK, SUE	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	RAICE, EDWARD	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, DAVID M	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
CITY-ST-ZIP	IRVING TX 75039	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ANDERSON, SHERRI	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
CITY-ST-ZIP	IRVING TX	

TITLE	DEAS	<input type="checkbox"/> DELETE
NAME	RUYLE, RALENE	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. #600	
CITY-ST-ZIP	IRVING TX 75039	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Debbie Miller	
1.3 STREET ADDRESS	222 W. Las Colinas Blvd., Ste. #600	
1.4 CITY-ST-ZIP	Irving, TX 75039	

2.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roger C. Teufel	
2.3 STREET ADDRESS	222 W. Las Colinas Blvd., Ste. #600	
2.4 CITY-ST-ZIP	Irving, TX 75039	

3.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Simpson	
3.3 STREET ADDRESS	222 W. Las Colinas Blvd., Ste. #600	
3.4 CITY-ST-ZIP	Irving, TX 75039	


4.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Court	
4.3 STREET ADDRESS	222 W. Las Colinas Blvd., Ste. #600	
4.4 CITY-ST-ZIP	Irving, TX 75039	

5.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sue Sayers	
5.3 STREET ADDRESS	222 W. Las Colinas Blvd., Ste. #600	
5.4 CITY-ST-ZIP	Irving, TX 75039	

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

14. I do 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:

 **Roger C. Teufel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/97

Date

(972) 444-2860

Daytime Phone #

0003347

CR2E034 (9/96)