

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32499 (6)
1. Corporation Name
EMC MORTGAGE CORPORATION



Principal Place of Business
2A
STE #600
IRVING TX 75039
US

Mailing Address
222 W LAS COLINAS BLVD
STE 600
IRVING TX 75039
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 222 W. Las Colinas Blvd.		26 222 W LAS COLINAS BLVD		01/16/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 600		27		13-3587347	
City & State		City & State		Applied For	
23 Irving TX 75039		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 4		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STV	1.1 TITLE	SVP
NAME	MITCHELL, SUSAN	1.2 NAME	TEUFEL, ROGER C.
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	1.3 STREET ADDRESS	222 West Las Colinas Blvd., Ste. 600
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	Irving, TX 75039
TITLE	DSVM	2.1 TITLE	
NAME	STEPANEK, SUE	2.2 NAME	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	2.4 CITY-ST-ZIP	
TITLE	PCD	3.1 TITLE	SVP
NAME	RAICE, EDWARD	3.2 NAME	MILLER, DIBBIE
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	3.3 STREET ADDRESS	222 West Las Colinas Blvd., Ste. 600
CITY-ST-ZIP	IRVING TX 75039	3.4 CITY-ST-ZIP	Irving, TX 75039
TITLE	SVP	4.1 TITLE	
NAME	COURT, GEORGE	4.2 NAME	
STREET ADDRESS	222 W LAS COLINAS BLVD, STE #600	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	
NAME	ANDERSON, SHERRI	5.2 NAME	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	
TITLE	DEAS	6.1 TITLE	
NAME	RUYLE, RALENE	6.2 NAME	
STREET ADDRESS	222 WEST LAS COLINAS BLVD. #600	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75039	6.4 CITY-ST-ZIP	

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 _____ April 21, 1998 (972) 444-2800

CR2E034 (10/97)