

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90018 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32499
 1. Corporation Name
EMC MORTGAGE CORPORATION



Principal Place of Business 222 W LAS COLINAS BLVD SUITE 600 IRVING TX 75039 US	Mailing Address 222 W LAS COLINAS BLVD STE 600 IRVING TX 75039 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/16/1991	4. FEI Number 13-3587347	Applied For No Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 607.0505 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NONE) Registered Agent signature required when reinstating.

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	SVP	<input checked="" type="checkbox"/> DELETE
NAME	COURT, GEORGE	
STREET ADDRESS	222 W LAS COLINAS BLVD, STE #600	
CITY-ST-ZIP	IRVING TX	
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

11 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TEUFEL, ROGER C.	
13 STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE #600	
14 CITY-ST-ZIP	IRVING TX 75039	
21 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MILLER, DEBBIE	
23 STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE #600	
24 CITY-ST-ZIP	IRVING TX 75039	
31 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LAURITSEN, SHERRI	
33 STREET ADDRESS	222 WEST LAS COLINAS BLVD. STE. #600	
34 CITY-ST-ZIP	IRVING TX 75039	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(j), 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, with all other like empowered.

SIGNATURE: Roger C. Teufel **Roger C. Teufel** **April 23, 1999** **972-444-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)