

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90103 025 ***150.00

DOCUMENT # P32499

1. Entity Name

EMC MORTGAGE CORPORATION

Principal Place of Business

**MACARTHUR RIDGE II
909 HIDDEN RIDGE DRIVE, SUITE 200
IRVING TX 75038
US**

Mailing Address

**MACARTHUR RIDGE II
909 HIDDEN RIDGE DRIVE, SUITE 200
IRVING TX 75038
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3587347**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SVP	IEUFEL, ROGER C	222 WEST LAS COLINAS BLVD. STE. #600	IRVING TX 75039	<input checked="" type="checkbox"/>
SVP	MILLER, DEBBIE	222 WEST LAS COLINAS BLVD. STE. #600	IRVING TX 75039	<input type="checkbox"/>
SVP	LAURITSEN, SHERRI	222 WEST LAS COLINAS BLVD. STE. #600	IRVING TX 75039	<input type="checkbox"/>
SVP	ANDERSON, SHERRI	222 WEST LAS COLINAS BLVD. STE. #600	IRVING TX	<input checked="" type="checkbox"/>
DEAS	RUYLE, RALENE	222 WEST LAS COLINAS BLVD. #600	IRVING TX 75039	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SVP	SAMLIN, SCOTT D	909 HIDDEN RIDGE DRIVE, #200	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PRATT, DEBBIE	909 HIDDEN RIDGE DRIVE, #200	75038	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		909 HIDDEN RIDGE DRIVE, #200	IRVING, TX 75038	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DEVPAS		909 HIDDEN RIDGE DRIVE, #200	IRVING, TX 75038	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DCD	RAICE, EDWARD	909 HIDDEN RIDGE DRIVE, #200	IRVING, TX 75038	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott D. Samlin

Scott D. Samlin

April 24, 2001

972-444-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)