


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90114 037 \*\*\*150.00

<b>DOCUMENT # P32499</b> 1. Entity Name <b>EMC MORTGAGE CORPORATION</b>	
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Principal Place of Business <b>MACARTHUR RIDGE II 909 HIDDEN RIDGE DRIVE, SUITE 200 IRVING, TX 75038 US</b>	Mailing Address <b>MACARTHUR RIDGE II 909 HIDDEN RIDGE DRIVE, SUITE 200 IRVING, TX 75038 US</b>
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**24044864**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04072004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>13-3587347</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SAMLIN, SCOTT D <input type="checkbox"/> Delete 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV STEPANEK, SUE <input type="checkbox"/> Delete 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LAURITSEN, SHERRI <input type="checkbox"/> Delete 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIBBLIES, BEVERLEY A <input type="checkbox"/> Delete 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RUYLE, RALENE <input type="checkbox"/> Delete 909 HIDDEN RIDGE DRIVE, STE 200 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV EHRENREICH, MARK D <input type="checkbox"/> Delete 909 HIDDEN RIDGE ROAD SUITE #200 IRVING, TX 75038

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Executive Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Treasurer Leto, Judith L. <input type="checkbox"/> Change <input type="checkbox"/> Addition 909 Hidden Ridge Drive, Suite 200 Irving, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Scott D. Samlin Scott D. Samlin April 7, 2004 (972) 444-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #