


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90015 011 \*\*\*150.00

**DOCUMENT # P32499**

1. Entity Name  
**EMC MORTGAGE CORPORATION**



Principal Place of Business      Mailing Address  
**MACARTHUR RIDGE II**      **2780 LAKE VISTA DRIVE**  
**909 HIDDEN RIDGE DRIVE, SUITE 200**      **LEWISVILLE, TX 75067**  
**IRVING, TX 75038 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**800 State Hwy 121 Bypass**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State      City & State  
**Lewisville Texas**      **Lewisville Texas**  
 Zip      Country      Zip      Country  
**75067 USA**      **USA**



03272007      Chg-P      CR2E034 (12/06)

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	DEVS <input type="checkbox"/> Delete
NAME	VILLANI, ANTHONY W
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, STE 200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	D <input type="checkbox"/> Delete
NAME	VEILA, JOHN
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, STE 200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	PCOO <input type="checkbox"/> Delete
NAME	VELLA, JOHN
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, STE 200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	CFOT <input type="checkbox"/> Delete
NAME	LETO, JUDITH L
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, STE 200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	DCEO <input checked="" type="checkbox"/> Delete
NAME	RUYLE, RALENE
STREET ADDRESS	909 HIDDEN RIDGE DRIVE, STE 200
CITY-ST-ZIP	IRVING, TX 75038
TITLE	SVP <input type="checkbox"/> Delete
NAME	ANDREWS, GAIL D
STREET ADDRESS	909 HIDDEN RIDGE ROAD SUITE #200
CITY-ST-ZIP	IRVING, TX 75038

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DEVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony W. Villani (Address)
STREET ADDRESS	2780 Lake Vista Dr.
CITY-ST-ZIP	Lewisville, TX 75067
TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Vella
STREET ADDRESS	2780 Lake Vista Dr.
CITY-ST-ZIP	Lewisville, TX 75067
TITLE	CFOT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Leto
STREET ADDRESS	2780 Lake Vista Dr.
CITY-ST-ZIP	Lewisville, TX 75067
TITLE	SVP/PCO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Andrews
STREET ADDRESS	2780 Lake Vista Dr.
CITY-ST-ZIP	Lewisville, TX 75067

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       3/27/07      214-626-3805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Gail Andrews