2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32499

Entity Name: EMC MORTGAGE CORPORATION

FILED Apr 06, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Place of Business:	
800 STATE HWY 121 BYPASS LEWISVILLE, TX 75067 US				
Current Mailing Address:			New Mailing Address:	
2780 LAKE VISTA DRIVE LEWISVILLE, TX 75067				
FEI Number:	13-3587347	FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				
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:				
Electronic Signature of Registered Agent Date				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DEVS () E VILLANI, ANTHOI 2780 LAKE VISTA LEWISVILLE, TX	A DR	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GLORY, CHERYL 383 MADISON AVE. NEW YORK, NY 10179
Title: Name: Address: City-St-Zip:	DCEO () E VELLA, JOHN 2780 LAKE VISTA LEWISVILLE, TX		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition HAGGERTY, MARY 383 MADISON AVE. NEW YORK, NY 10179 US
Title: Name: Address: City-St-Zip:	PCOO () E VELLA, JOHN 2780 LAKE VISTA LEWISVILLE, TX		Title: Name: Address: City-St-Zip:	EV (X) Change () Addition LITTLE, DAVID 2780 LAKE VISTA DR. LEWISVILLE, TX 75067 US
Title: Name: Address: City-St-Zip:	CFOT () E LETO, JUDITH L 2780 LAKE VISTA LEWISVILLE, TX		Title: Name: Address: City-St-Zip:	EV (X) Change () Addition LOWELL, TERESA 2780 LAKE VISTA DR LEWISVILLE, TX 75067
Title: Name: Address: City-St-Zip:	D () E LETO, JUDITH 2780 LAKE VISTA LEWISVILLE, TX		Title: Name: Address: City-St-Zip:	EV (X) Change () Addition PEPE, VICTOR 2780 LAKE VISTA DR LEWISVILLE, TX 75067 US
Title: Name: Address:	SVP (X) I ANDREWS, GAIL 2780 LAKE VISTA	A DR.	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. LITTLE EV 04/06/2009