FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 30 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35716** **(0)**

1. Corporation Name
STRATEGIC MORTGAGE SERVICES, INC. (OHIO)

Principal Place of Business	Mailing Address
4340 VON KARMAN AVENUE 4TH FLOOR NEWPORT BEACH CA 92660 US	4340 VON KARMAN AVENUE 4TH FLOOR NEWPORT BEACH CA 92660 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 34-1013237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

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 607.0502 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH R. REPPERT,	1.2 NAME	
STREET ADDRESS	3160 AIRWAY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BARRY C. TOPOL,	2.2 NAME	CHRISTOPHER S. NARD
STREET ADDRESS	3160 AIRWAY AVENUE	2.3 STREET ADDRESS	3160 AIRWAY AVENUE
CITY-ST-ZIP	COSTA MESA CA 92626	2.4 CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE	VTS	3.1 TITLE	S ☒ Change ☐ Addition
NAME	BOYLAN, GERALD	3.2 NAME	JEANNE FLYNN MARTIN
STREET ADDRESS	23304 PARK MARIPOSA	3.3 STREET ADDRESS	3160 AIRWAY AVENUE
CITY-ST-ZIP	CALABASAS CA	3.4 CITY-ST-ZIP	COSTA MESA, CA 92626
TITLE		4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	JOHN H. HEBERLE
STREET ADDRESS		4.3 STREET ADDRESS	4340 VON KARMAN AVENUE, 4th FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ JOHN H. HEBERLE 1/31/95 (714) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463351 FF