

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

10/01/1991

3a. Date of Last Report

03/30/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

JOSEPH R. REPERT,  
3160 AIRWAY AVENUE  
COSTA MESA CA 92626

STREET ADDRESS

CITY - ST - ZIP

TITLE

V

☒ DELETE

NAME

CHRISTOPHER S NARD  
3160 AIRWAY AVENUE  
COSTA MESA CA

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

JENNE FLYNN MARTIN  
3160 AIRWAY AVE  
COSTA MESA CA

STREET ADDRESS

CITY - ST - ZIP

TITLE

T

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NAME

HEBERLE, JOHN H.  
4340 VON KARMAN AVE. 4TH FLOOR  
NEWPORT BEACH CA 92660

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE FLYNN MARTIN

(714) 549-5700

Date

Daytime Phone #

CR2E034 (12/95)