

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morgham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P35716 (0)**  
 1. Corporation Name  
**STRATEGIC MORTGAGE SERVICES, INC. (OHIO)**



Principal Place of Business <b>18301 VON KARMAN AVE                  6TH FLOOR                  IRVINE CA 92612                  US</b>	Mailing Address <b>PO BOX 6290                  NEWPORT BEACH CA 92660                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 114 EAST FIFTH STREET</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 114 EAST FIFTH STREET</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/01/1991</b>	4. FEI Number <b>34-1013237</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 SANTA ANA, CA</b>	27 City & State <b>28 SANTA ANA, CA</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Zip <b>92701</b>	25 Country <b>USA</b>	29 Zip <b>92701</b>	30 Country <b>USA</b>	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>P</b>	NAME <b>JOSEPH R. REPERT,</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>18301 VON KARMAN AVE 6TH FLOOR</b>	CITY-ST-ZIP <b>NEWPORT BEACH CA</b>	
TITLE <b>S</b>	NAME <b>JENNE FLYNN MARTIN</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>18301 VON KARMAN AVE 6TH FLOOR</b>	CITY-ST-ZIP <b>NEWPORT BEACH FL</b>	
TITLE <b>VP</b>	NAME <b>FARRELL, JOHN F</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>18301 VON KARMAN AVE 6TH FLOOR</b>	CITY-ST-ZIP <b>IRVINE CA</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>PRESIDENT</b>	1.2 NAME <b>JOHN W. LONG</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>150 SECOND AVENUE NORTH, #1600</b>	1.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33701</b>		
2.1 TITLE <b>VICE PRES/CFO</b>	2.2 NAME <b>THOMAS A. KLEMENS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>114 E. FIFTH STREET</b>	2.4 CITY-ST-ZIP <b>SANTA ANA, CA 92701</b>		
3.1 TITLE <b>VICE PRES/SECRETARY</b>	3.2 NAME <b>CRAIG ZINDA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <b>150 SECOND AVENUE NORTH, #1600</b>	3.4 CITY-ST-ZIP <b>ST PETERSBURG, FL 33701</b>		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. 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 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 on an attachment with an address.

SIGNATURE: *Craig Zinda* 14 JAN 98 813.845.4915 x 1602

CR2E034 (10/97)