

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90050 047 ***150.00

0554632

DOCUMENT # P35716

1. Corporation Name

STRATEGIC MORTGAGE SERVICES, INC. (OHIO)

Principal Place of Business

114 E FIFTH ST
SANTA ANA CA 92701
US

Mailing Address

114 E FIFTH ST
SANTA ANA CA 92701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LONG, JOHN W
STREET ADDRESS 150 SECOND AVE NORTH, 1600
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ DELETE

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Gary L. Kermott
1.3 STREET ADDRESS 114 E. Fifth Street
1.4 CITY-ST-ZIP Santa Ana, CA 92701

TITLE VPCF
NAME KLEMENS, THOMAS A
STREET ADDRESS 114 E FIFTH ST
CITY-ST-ZIP SANTA ANA CA 92701 ☒ DELETE

2.1 TITLE CFO ☒ Change ☐ Addition
2.2 NAME Max O. Valdes
2.3 STREET ADDRESS 114 E. Fifth Street
2.4 CITY-ST-ZIP Santa Ana, CA 92701

TITLE VPS
NAME ZINDA, CRAIG
STREET ADDRESS 150 SECOND AVE N, #1600
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ DELETE

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Timothy P. Sullivan
3.3 STREET ADDRESS 114 E. Fifth Street
3.4 CITY-ST-ZIP Santa Ana, CA 92701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 1999

800/854-3643

Date

Daytime Phone #

CR2E034 (11/98)