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 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036710 (9)

1. Corporation Name
OCWEN CARD SOLUTIONS, INC.

Principal Place of Business	Mailing Address
515 N FLAGLER DR PAVILION 4TH FL W PALM BEACH FL 33401	515 N FLAGLER DR PAVILION 4TH FL W PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 65-0493444 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25):
Zip (29): Country (30):

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ERBEY, JOHN R
515 N FLAGLER DR
PAVILION 4TH FL
W PALM BEACH FL 33401

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C/P	11 TITLE	☐ Change ☐ Addition
NAME	ERBEY, WILLIAM C.	12 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WISH, BARRY N.	22 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY ST ZIP	
TITLE	M	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, RORY A.	32 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	34 CITY ST ZIP	
TITLE	M/S	41 TITLE	☐ Change ☐ Addition
NAME	ERBEY, JOHN R.	42 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	43 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	44 CITY ST ZIP	
TITLE	M/CFO	51 TITLE	☐ Change ☐ Addition
NAME	REICH, CHRISTINE A.	52 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	53 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	54 CITY ST ZIP	
TITLE	SVP/AS	61 TITLE	☐ Change ☐ Addition
NAME	WILHOIT, STEPHEN C.	62 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	63 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	64 CITY ST ZIP	

AC 3/24

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: Steven C. Wilhoit 3-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date