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 # 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

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 ~~1675 PALM BEACH LAKES BLVD.~~	26 ~~1675 PALM BEACH LAKES BLVD.~~
Suite, Apt. #, etc: 22 THE FORUM, STE. 1002	Suite, Apt. #, etc: 27 THE FORUM, STE. 1002
City & State: 23 WEST PALM BEACH, FL	City & State: 28 WEST PALM BEACH, FL
Zip: 24 33401 / Country: 25 USA	Zip: 29 33401 / Country: 30 USA

4. FEI Number: 65-0493444 — ☐ 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

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): 1675 PALM BEACH LAKES BLVD.
83 THE FORUM, STE. 1002
84 City: WEST PALM BEACH, FL
85 Zip Code: 33401

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] — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

DATE: 4/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ERBEY, WILLIAM C.	1.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILLION 4TH FLOOR	1.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WISH, BARRY N.	2.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILLION 4TH FLOOR	2.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	M ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, RORY A.	3.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	3.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	MS ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	ERBEY, JOHN R.	4.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	4.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	MCFO ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	REICH, CHRISTINE A.	5.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	5.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	SVPS ☐ DELETE	6.1 TITLE	SVP/AS ☒ Change ☐ Addition
NAME	WILHOIT, STEPHEN C.	6.2 NAME	
STREET ADDRESS	515 N. FLAGLER DR., PAVILION 4TH FLOOR	6.3 STREET ADDRESS	1675 PALM BEACH LAKES BLVD., STE. 1002
CITY-ST-ZIP	WEST PALM BEACH FL 33401	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)(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] — Date: 4-4-96 — Daytime Phone #: 407-681-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STEPHEN C. WILHOIT, SR. VP, ASST. SEC.

CR2E034 (12/95)