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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1675 PALM BEACH LAKES BLVD  
THE FORUM SUITE 1002  
W PALM BEACH FL 33401  
US

Mailing Address

1675 PALM BEACH LAKES BLVD  
THE FORUM SUITE 1002  
W PALM BEACH FL 33401-2122  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified  
05/11/1994

3a. Date of Last Report  
04/29/1996

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  
1675 PALM BEACH LAKES BLVD  
THE FORUM SUITE 1002  
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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP  
NAME ERBEY, WILLIAM C.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE D  
NAME WISH, BARRY N.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

TITLE M  
NAME BROWN, RORY A.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

TITLE MS  
NAME ERBEY, JOHN R.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE MCOF  
NAME REICH, CHRISTINE A.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE SVAS  
NAME WILHOIT, STEPHEN C.  
STREET ADDRESS 1675 PALM BEACH LAKES BLVD SUITE 1002  
CITY-ST-ZIP WEST PALM BEACH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SVAS

DLUTOWSKI, JOSEPH A.

1675 PALM BEACH LAKES BLVD., #1002

WEST PALM BEACH FL

14. I do 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 on an attachment with an address.

SIGNATURE:

561-681-8000

CR2E034 (9/96)