


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

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90049 014 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021542

1. Corporation Name
U.S. TRUST MORTGAGE SERVICE COMPANY

Principal Place of Business
**280 EAST PALMETTO PARK RD.
BOCA RATON FL 33432**

Mailing Address
**280 EAST PALMETTO PARK RD.
BOCA RATON FL 33432**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/08/1996	
4. FEI Number 65-0649747	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MATUSZEWSKI, STANLEY A 280 E PALMETTO PARK RD BOCA RATON FL 33432-5014	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CALLAWAY, TROWBRIDGE I		1.2 NAME				
STREET ADDRESS	132 ROYAL PALM WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BCH FL 85		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MATUSZEWSKI, STANLEY A		2.2 NAME				
STREET ADDRESS	280 E PALMETTO PARK RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DOWLING, JAMES V		3.2 NAME				
STREET ADDRESS	132 ROYAL PALM WAY		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BCH FL 85		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUARIGLIA, SHARON		4.2 NAME				
STREET ADDRESS	280 E PALMETTO PARK RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARRETT, WILLIAM R JR		5.2 NAME				
STREET ADDRESS	515 S FLOWER ST, SUITE 2700		5.3 STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA 91		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHILDS, ALFRED B		6.2 NAME				
STREET ADDRESS	2001 ROSS AVE, SUITE 2700		6.3 STREET ADDRESS				
CITY-ST-ZIP	DALLAS TX		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 on an attachment with an address with all other like empowered.

SIGNATURE: *Stanley A. Matuszewski* **1-6-99 561.447.8001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)