

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90114 031 ***150.00

DOCUMENT # P96000021542

1. Entity Name

U.S. TRUST MORTGAGE SERVICE COMPANY

Principal Place of Business

**CONGRESS PARK NORTH
 190 CONGRESS PARK DRIVE, SUITE 100
 DELRAY BEACH FL 33445
 US**

Mailing Address

**CONGRESS PARK NORTH
 190 CONGRESS PARK DRIVE, SUITE 100
 DELRAY BEACH FL 33445
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0649747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATUSZEWSKI, STANLEY A
 190 CONGRESS PARK DRIVE
 SUITE 100
 DELRAY BEACH FL 33445**

*MO 065
 3717*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **CALLAWAY, TROWBRIDGE III**
 CITY-ST-ZIP **132 ROYAL PALM WAY
 PALM BEACH FL 33480**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **David W. Kilbride**
 CITY-ST-ZIP **One Pickwick Plaza
 Greenwich, CT 06830**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MATUSZEWSKI, STANLEY A**
 CITY-ST-ZIP **190 CONGRESS PARK DRIVE SUITE 100
 DELRAY BEACH FL 33445**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Steven Buster**
 CITY-ST-ZIP **515 South Flower St Suite 2700
 Los Angeles, CA 90071**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **DOWLING, JAMES V**
 CITY-ST-ZIP **132 ROYAL PALM WAY
 PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **GUARIGLIA, SHARON**
 CITY-ST-ZIP **190 CONGRESS PARK DRIVE STE 100
 DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BARRETT, WILLIAM R JR**
 CITY-ST-ZIP **515 S FLOWER ST, SUITE 2700
 LOS ANGELES CA 90071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHILDS, ALFRED B**
 CITY-ST-ZIP **2001 ROSS AVE, SUITE 2700
 DALLAS TX 75201**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.1.02 561.330.2001

CR2E034 (9/01)