2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P97000094862 1. Entity Name OCWEN FLORIDA GENERAL, INC. 02-07-2001 90181 033 ***150.00 Principal Place of Business Mailing Address 1675 PALM BEACH LAKES BLVD. 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE He. 10A City & State City & State 4. FEI Number Applied For 65-0795489 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERBEY, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1675 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Change ☐ Addition NAME ERBEY, WILLIAM C NAME STREET ADDRESS 1675 PALM BEACH LAKES BLVD. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME REICH, CHRISTINE A NAME STREET ADDRESS 1675 PALM BEACH LAKES BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE - --Delete TITLE Change ☐ Addition NAME HOLTON, PETER NAME STREET ADDRESS 505 S. FLAGLER DR. STREET ADORESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 ☐ Delete TITLE ☐ Change Addition BARNES, JOHN NAME NAME STREET ADDRESS 1675 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 **VPT** ☐ Delete TITLE ☐ Change ☐ Addition NAME MALIK, SUNIL NAME STREET ADDRESS 1675 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE SVP ☐ Delete TITLE Change ■ Addition NAME ZEIDMAN, MARK NAME STREET ADDRESS 1675 PALM BCH LAKES BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401

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 anaddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO