

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90097 035 ***150.00

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1. Entity Name
OCWEN TECHNOLOGY XCHANGE, INC.



Principal Place of Business
**1675 PALM BEACH LAKES BLVD.
STE 10A
WEST PALM BEACH FL 33401**

Mailing Address
**1675 PALM BEACH LAKES BLVD.
STE 10A
WEST PALM BEACH FL 33401**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0832817**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ERBEY, WILLIAM C
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	DS <input type="checkbox"/> Delete
NAME	ERBEY, JOHN R
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	SVP <input checked="" type="checkbox"/> Delete
NAME	BARNES, JOHN R
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VPT <input checked="" type="checkbox"/> Delete
NAME	CZOCHANSKI, THOMAS J
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	SVCO <input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS K
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	PCEO <input type="checkbox"/> Delete
NAME	RINGWALD, ARTHUR D
STREET ADDRESS	1675 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK J. NICHOLS
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW G. DOKOS
STREET ADDRESS	1675 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark J. Nichols* **MARK J. NICHOLS** **1/21/03** **561-682-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)