

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S71209** (8)

1. Corporation Name

**OCWEN FINANCIAL CORPORATION II**



Principal Place of Business

**515 N. FLAGLER DRIVE  
PAVILION - 4TH FLOOR  
WEST PALM BEACH FL 33401**

Mailing Address

**515 N. FLAGLER DRIVE  
PAVILION - 4TH FLOOR  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

21 **1675 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

22 **SUITE 1002**

City & State

23 **WEST PALM BEACH, FL**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address

26 **1675 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.

27 **SUITE 1002**

City & State

28 **WEST PALM BEACH, FL**

Zip

29 **33401**

Country

30 **USA**

3. Date Incorporated or Qualified

**08/06/1991**

3a. Date of Last Report

**03/22/1995**

4. FEI Number

**65-0348229**

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.  
515 N. FLAGLER DRIVE  
PAVILION 4TH FLOOR  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

**1675 PALM BEACH LAKES BLVD., STE. 1002**

83

84 City

**WEST PALM BEACH**

**FL**

85 Zip Code

**33401**

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 607.0509, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to accept appointment

(If Not Registered Agent Signature Required When Registering)

**4/4/96**

12. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ DELETE  
NAME **ERBEY, WILLIAM C**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

TITLE **SVP** ☐ DELETE  
NAME **BARNES, JOHN R**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

TITLE **MCFO** ☐ DELETE  
NAME **REICH, CHRISTINE A.**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

TITLE **M** ☐ DELETE  
NAME **BROWN, RORY A.**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

TITLE **MS** ☐ DELETE  
NAME **ERBEY, JOHN R.**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

TITLE **SVPA** ☐ DELETE  
NAME **WILHOIT, STEPHEN A.**  
STREET ADDRESS **515 N FLAGLER DR P400**  
CITY- ST- ZIP **W PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
14 CITY- ST- ZIP

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
24 CITY- ST- ZIP

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
34 CITY- ST- ZIP

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
44 CITY- ST- ZIP

☒ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
54 CITY- ST- ZIP

☒ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Stephen C. Wilhoit**

**4-4-96**

407-681-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**STEPHEN C. WILHOIT, SR. VP., ASST. SEC.**

Date

Daytime Phone

CR2E034 (12/95)