


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

FILED
May 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S71209 (8)

1. Corporation Name
OCWEN FINANCIAL CORPORATION II



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| Principal Place of Business 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401 US | Mailing Address 1675 PALM BEACH LAKES BLVD. SUITE 1002 WEST PALM BEACH FL 33401-2119 US |
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| 3. Date Incorporated or Qualified 08/06/1991 | 3a. Date of Last Report 04/26/1996 |
| 4. FEI Number 65-0348229 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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|---|---|
| 9. Name and Address of Current Registered Agent ERBEY, JOHN R. 1675 PALM BEACH LAKES BLVD., STE. 1002 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) 83 84 City 85 Zip Code |
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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: _____
 (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE DCEO | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ERBEY, WILLIAM C | | 1.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 1.4 CITY-ST-ZIP | |
| TITLE SVP | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BARNES, JOHN R | | 2.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 2.4 CITY-ST-ZIP | |
| TITLE MCFO | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME REICH, CHRISTINE A. | | 3.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 3.4 CITY-ST-ZIP | |
| TITLE M | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BROWN, RORY A. | | 4.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 4.4 CITY-ST-ZIP | |
| TITLE MS | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ERBEY, JOHN R. | | 5.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 5.4 CITY-ST-ZIP | |
| TITLE SVPA | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME WILHOFF, STEPHEN A. | | 6.2 NAME | |
| STREET ADDRESS 1675 PALM BEACH LAKES BLVD., STE. 1002 | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP W PALM BEACH FL | | 6.4 CITY-ST-ZIP | |

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| SVPA DLUTOWSKI, JOSEPH A. 1675 PALM BEACH LAKES BLVD., #1002 WEST PALM BEACH FL |
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14. I do 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 attached report with an address.

SIGNATURE: _____ DATE: _____
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-681-8000

CR2E034 (9/96)