

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005292

**Entity Name:** CASTLE MORTGAGE CORP. IN

**Current Principal Place of Business:**

11501 N CUMBERLAND RD.  
SUITE 300  
FISHERS, IN 46037

**Current Mailing Address:**

11501 N CUMBERLAND RD.  
SUITE 300  
FISHERS, IN 46037

**FEI Number:** 75-3160967

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DONALD, MORICAL  
400 AUSTRALIAN AVENUE  
SUITE 300  
WEST PALM BEACH, FL 33401 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PTSC  
Name MORICAL, DONALD DII  
Address 11501 N CUMBERLAND RD., SUITE  
300  
City-State-Zip: FISHERS IN 46037

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD D. MORICAL II

**PRESIDENT**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date