


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004007
 1. Entity Name
 ORIGEN SERVICING, INC.



| | |
|---|---|
| Principal Place of Business 27777 FRANKLIN, SUITE 1700 SOUTHFIELD, MI 48034 | Mailing Address 27777 FRANKLIN, SUITE 1700 SOUTHFIELD, MI 48034 |
|---|---|

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0118611 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO KLEIN, RONALD A 27777 FRANKLIN, SUITE 1700 SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GEATER, W. ANDERSON 27777 FRANKLIN, SUITE 1700 SOUTHFIELD, MI 48034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP BURDETT, O. DOUGLAS 3001 MEACHAM BLVD., STE. 120 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/03/05-80001-021 150.00

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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: Ronald A. Klein Ronald A. Klein, CEO, President 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #