## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003197

Entity Name: OCWEN MORTGAGE SERVICING, INC.

**Current Principal Place of Business:** 

14A & 14C STRAND STREET

FREDERIKSTED, VIRGIN ISLAND (US) 00840

**Current Mailing Address:** 

**402 STRAND STREET** FREDERIKSTED

ST. CROIX, VIRGIN ISLAND (US) 00840-3531 VI

FEI Number: 66-0781479 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR** Title EVP, CFO AND DIRECTOR

Name FARIS, RONALD M. Name BOURQUE, MICHAEL Address 1661 WORTHINGTON RD, STE 100 Address **402 STRAND STREET** 

City-State-Zip: FREDERIKSTED VIRGIN ISLAND (US) WEST PALM BEACH FL 33409 City-State-Zip: 00820

Title Title **TREASURER** 

Name HAYES, TIMOTHY Name COOPERSTEIN, RICHARD 402 STRAND STREET Address Address **402 STRAND STREET** 

City-State-Zip: FREDERIKSTED VIRGIN ISLAND (US) City-State-Zip: FREDERIKSTED VIRGIN ISLAND (US)

00840

VP, DEFAULT SERVICING Title

Name COX, PATRICK

14A & 14C STRAND STREET Address

FREDERIKSTED VIRGIN ISLAND (US) City-State-Zip:

00840

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: MICHAEL BOURQUE

EVP, CFO AND DIRECTOR 02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 03, 2015

**Secretary of State** 

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