

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003197

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC1998174615**

**Entity Name:** OCWEN MORTGAGE SERVICING, INC.

**Current Principal Place of Business:**

56 KING STREET  
3RD FLOOR  
CHRISTIANSTED, 00840

**Current Mailing Address:**

1108 KING STREET  
CHRISTIANSTED, 00820-5080 VI

**FEI Number:** 66-0781479

**Certificate of Status Desired:** Yes

**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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KUMBAR, OTTO  
Address        56 KING STREET  
                  3RD FLOOR  
City-State-Zip: CHRISTIANSTED 00820

Title            EVP, SECRETARY  
Name            HAYES, TIMOTHY M.  
Address        56 KING STREET  
                  3RD FLOOR  
City-State-Zip: CHRISTIANSTED 00820

Title            ASSISTANT SECRETARY  
Name            CHRISTOPHER-CHRISTIAN, NEISHA  
Address        56 KING STREET  
                  3RD FLOOR  
City-State-Zip: CHRISTIANSTED 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:** NEISHA CHRISTOPHER-CHRISTIAN

**ASSISTANT SECRETARY    03/15/2017**

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

\_\_\_\_\_  
Date