

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002896 (7)

1. Corporation Name
ACCREDITED HOME LENDERS, INC.



Principal Place of Business 15030 AVE. OF SCIENCE SUITE 100 SAN DIEGO CA 92128	Mailing Address 15030 AVE. OF SCIENCE SUITE 100 SAN DIEGO CA 92128
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 33-0426859	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONRATH, JAMES A	1.2 NAME	
STREET ADDRESS	15030 AVE. OF SCIENCE, #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92128	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEWON, RAY W	2.2 NAME	
STREET ADDRESS	15030 AVE. OF SCIENCE, #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, ROBERT	3.2 NAME	
STREET ADDRESS	18552 MCARTHUR BLVD., #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92715	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUER, JAMES	4.2 NAME	
STREET ADDRESS	12011 SAN VICENTE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDING, MARTIN	5.2 NAME	T
STREET ADDRESS	3 WORLD FINANCIAL CENTER	5.3 STREET ADDRESS	Prentice, Robert A
CITY-ST-ZIP	NEW YORK NY 10285	5.4 CITY-ST-ZIP	15030 Avenue of Science, #100
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JOHN M.	6.2 NAME	
STREET ADDRESS	17444 CIRCA ORIENTE, #499	6.3 STREET ADDRESS	445 Marine View Ave., Suite 230
CITY-ST-ZIP	RANCHO SANTA FE CA 92067	6.4 CITY-ST-ZIP	Del Mar, CA 92014

14. 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 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 attachment with an address.

SIGNATURE: *James A. Konrath* **REQUIRED** President 1/30/98 (619) 676-2100

CR2E034 (10/97)