

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90035 028 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002896

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1995

4. FEI Number
33-0426859

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite; Apt. #: etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite; Apt. #: etc.
 27 City & State
 28 Zip
 29 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE KONRATH, JAMES A	1.1 TITLE Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15030 AVE. OF SCIENCE, #100	1.2 NAME	
STREET ADDRESS	SAN DIEGO CA 92128	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE MCKEWN, RAY W	2.1 TITLE President, Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15030 AVE. OF SCIENCE, #100	2.2 NAME James J. Lydon	
STREET ADDRESS	SAN DIEGO CA	2.3 STREET ADDRESS 15030 Avenue of Science, --#100.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP San Diego, CA 92128	
TITLE D	<input type="checkbox"/> DELETE HOFF, ROBERT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18552 MCARTHUR BLVD., #400	3.2 NAME	
STREET ADDRESS	IRVINE CA 92715	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE GAUER, JAMES	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12011 SAN VICENTE	4.2 NAME Charles D. Martin	
STREET ADDRESS	LOS ANGELES CA 90025	4.3 STREET ADDRESS 5000 Birch Street, #6200	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Newport Beach, CA 92660	
TITLE T	<input type="checkbox"/> DELETE PRENTICE, ROBERT A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15030 AVE OF SCIENCE #100	5.2 NAME	
STREET ADDRESS	SAN DIEGO CA 92128	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE ROBBINS, JOHN M.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	445 MARINE VIEW AVE STE 230	6.2 NAME	
STREET ADDRESS	DELMAR CA 92014	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *James A. Konrath* **REQUIRED** James A. Konrath 3/31/99 (619) 676-2100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Chief Executive Officer Date Daytime Phone #

CR2E034 (11/98)