

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90004 028 ***150.00

UBR0201 AI

DOCUMENT # F99000004997

1. Entity Name
ELECTRONIC MORTGAGE AFFILIATES, INC.

Principal Place of Business 4457 WILLOW RD STE 200 PLEASANTON CA 94588 US	Mailing Address 4457 WILLOW RD STE 200 PLEASANTON CA 94588 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
94-3288780

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ANDERMAN, SIG	
STREET ADDRESS	2030 VALLEJO STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE	COO	<input type="checkbox"/> Delete
NAME	NEBEL, ROBIN CFO	
STREET ADDRESS	139 WALDO AVENUE	
CITY-ST-ZIP	PIEDMONT CA 94611	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEFFINA, MICHAEL	
STREET ADDRESS	521 BLACKHAWK CLUB DRIVE	
CITY-ST-ZIP	DANVILLE CA 94506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klatt Jennifer	
STREET ADDRESS	6694 Liggett Dr.	
CITY-ST-ZIP	Oakland, CA 94611	
TITLE	President & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nebel Robin	
STREET ADDRESS	139 Waldo Ave.	
CITY-ST-ZIP	Piedmont, CA 94611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jennifer Klatt* **SIGNATURE REQUIRED** Jennifer Klatt 3/18/02 925-227-7045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)