



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fine of \$25.00.

| | | | | | |
|--|-------------|--|--|------------------------|-------------------|
| 1. Corporate ID No. <u>84800</u> | | 2. Name of Corporation EMC Residential Mortgage Corporation | | | |
| 3. Street Address Principal Business Office 2780 Lake Vista Drive | | | City Lewisville | State TX | Zip 75067 |
| 4. Business Phone No. 718 242 2507 | | 5. State of Incorporation Delaware | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Real estate credit | | | | | |
| President Name Kathleen Zack | | | Vice President Name Christine N Bannerman - Assistant Secretary | | |
| Street Address 270 Park Avenue | | | Street Address 4 Chase Metrotech Center | | |
| City New York | State NY | Zip 10017 | City Brooklyn | State NY | Zip 11245 |
| Secretary Name Anthony J. Horan | | | Treasurer Name Lisa J. Fitzgerald | | |
| Street Address 270 Park Avenue | | | Street Address 270 Park Avenue | | |
| City New York | State NY | Zip 10017 | City New York | State NY | Zip 10017 |
| Director Name Anthony J. Horan | | | Director Name | | |
| Street Address 270 Park Avenue | | | Street Address | | |
| City New York | State NY | Zip 10017 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Shares 100 | Class/Series Common | Par Value 1.00 |
| | | | THIS SECTION MUST BE COMPLETED | | |

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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Pay to the order of _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christine N Bannerman 9/11/09
Signature Date

Christine N. Bannerman

Print or Type Name

Assistant Secretary

Title

FILED

SEP 15 2009

By [Signature] 98854