RI SOS Filing Number: 201921944480 Date: 10/1/2019 10:21:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:	2018

Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is no	ot filed by April 1.						
Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
000793710	Stonegate	Stonegate Mortgage Corporation						
3. Principal Office Address	ess		City	State	Zip			
9190 Priority Way West Dr., Stc. 300		Indianapolis	IN	46240				
4. NAICS Code	6. Brief descr	ription of the chara	cter of business condu	icted in Rhode Island	•			
52410U	Mortgage	Mortgage Lending & Servicing						
5. State of Incorporation								
Ohio								
7. List Al.L officers (names and	addresses)			Check the box t	o indicate an attachment			
President Name			Vice-President Nam	:c				
James Smith Street Address			Charledday					
9190 Priority Way W. Dr. (Ste 100 C/O Li	censino	Street Address	Street Address				
City	State	Zip	City	State	Zıp			
Indianapolis	<u>IN</u>	46240						
Secretary Name David Kress			Treasurer Name					
Street Address			Street Address					
9190 Priority Way W. Dr. S	Ste. 100, C/O Lic	ensing	01.0017.001030					
City	State	Zip	City	State	Zıp			
Indianapolis	IN	46240			20 R			
List ALL directors (names an Director Name	o adoresses)		Director Name	Check the box t	to indicate an attachment			
N/A			2		OCT OCT OCFP			
Street Address		Street Address						
City	State	Zıp	City	State	Zip A COLV			
Director Name			Director Name					
Street Address			Street Address					
O TEEL MODICIAS			Street Address					
City	State	Zip	City	State	Ζιρ			
9. Shares Authorized		10. Shares Is	sued	Check the box t	to indicate an attachment			
This information is currently of record in the			OF SHARES	CLASS/SER ES PAR VALUE				
Department of State.			1 N					
Changes require an additional filing.			···-					
11. This report must be execute	ed on behalf of the	corporation by an	authorized representa	itive. If the corporation is	in the hands of a receiver or			
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or truste	e.				
Under penalty of perjury, I de statements, and that all state				ding any accompanying	; schedules and			
Name of Authorized Represent	ative			Date				
Matthew Goodman			f Home Point Financ te Mortgage Corpor	· · /	-26-19			
Signature of Authorized Repres	entative		cii FD		-			
Marin	-	SIGN DO	DOUMBN FRERE					
MAIL TO:			nrt 0 1 2019	A N	10.10 10.40			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov BY BAZWC A.A. 10:21 Am

FORM 630 - Revised: 10/2017

Shares	Auch	arizad	and	leewad
Shares	Autn	orizea	and	ISSUEG

* **

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
PWP	В	\$0 0010	20,000 00	0 !
CWP		\$0.0010	800,000.00	25845566
PWP	A	\$0 0010	30,000 00	0
PWP	C	\$0.0010	100,000.00	0
PWP	D	\$0 0010	1,550,000.00	0

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