

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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

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Annual Report**

Filing Period: January 1 - March 1

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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&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009**1. Corporate ID No.** 000151955**2. Name of Corporation** Macquarie Mortgages USA Inc.**3. Street Address Principal Business Office:**

No. and Street: 10151 DEERWOOD PARK BLVD
BUILDING 100, SUITE 500

City or Town: JACKSONVILLE State: FL Zip: 32256 Country: USA

4. Business Phone No.

904-538-5000

5. State of IncorporationState: DE**6. Brief Description of the Character of Business Conducted in Rhode Island**

MORTGAGE LENDING AND/OR SERVICING.

FILED

AUG 21 2009

By ACK 34182
CONF. #**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed.

	Title	Individual Name	Address
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Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
☐	PRESIDENT	MICHAEL L BARRETT	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 USA
☐	TREASURER	GERHARD L NAUDE	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US
☐	SECRETARY	GERHARD L NAUDE	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US
☐	VICE PRESIDENT	GERHARD L. NAUDE	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US
☐	ASSISTANT SECRETARY	SCOTT DONALDSON	10151 DEERWOOD PARK BLVD. BUILDING 100 SUITE 500 JACKSONVILLE, FL 32256 USA
☐	DIRECTOR	RAYMOND J BROOKER	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US
☐	DIRECTOR	MICHAEL L BARRETT	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US
☐	DIRECTOR	GERHARD L NAUDE	10151 DEERWOOD PARK BLVD, BLDG.100 STE.500 JACKSONVILLE, FL 32256 US

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	500.00
PWP		\$100.00	2,000.00	1,000.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: SCOTT DONALDSON

Business Name: MACQUARIE MORTGAGES L

No. and Street: 10151 DEERWOOD PARK BL - Same Address as -
Bldg 100, Suite 500

City or Town: Jacksonville State: FL Zip: 32256 Country: USA

Contact Phone: (904) 538-5000 ext:

Contact Email: SCOTT.DONALDSON@MAC(

[Clear](#)

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 21 Day of August, 2009 at 11:49:16 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SCOTT DONALDSON

Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this
electronic document is submitted in compliance with R.I.
Gen. Laws § 7-1.2. You hereby agree that any legal issues
or causes of action arising from the submission of this

☒ Accept☐ Decline[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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