



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 108638		2. Exact name of the Corporation MortgageIT, Inc.			
3. Principal office address 60 Wall Street		City New York		State NY	Zip 10005
4. Business Phone No. 212-250-2500		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Originator of mortgage loans					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patrick McEnerney			Vice-President Name James G. Caruso		
Street Address 60 Wall Street			Street Address 60 Wall Street		
City New York	State NY	Zip 10005	City New York	State NY	Zip 10005
Secretary Name Sonja K. Olsen			Treasurer Name Gary Ricahrd		
Street Address 60 Wall Street			Street Address 60 Wall Street		
City New York	State NY	Zip 10005	City New York	State NY	Zip 10005
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Timothy P.F. Crowley			Director Name Patrick McEnerney		
Street Address 60 Wall Street			Street Address 60 Wall Street		
City New York	State NY	Zip 10005	City New York	State NY	Zip 10005
Director Name Gary Richard			Director Name None		
Street Address 60 Wall Street			Street Address None		
City New York	State NY	Zip 10005	City None	State None	Zip None
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 01 2016

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.

Sonja K. Olsen
Signature of Authorized Representative

1-25-16

Date

Sonja K. Olsen

Print or Type Name of Authorized Representative

KL 1000664 017

<u>Class</u>	<u>Series</u>	<u>Par Value</u>	<u>Number Authorized</u>	<u>Number Issued</u>
Common	A	\$0.01	24,250,000	1
Common	B	\$0.01	7,500,000	0
Preferred	A	\$0.01	6,250,000	0
Preferred	B	\$0.01	7,000,000	0
Preferred	C	\$0.01	6,500,000	0