

1.) CORPORATION NAME:

REAL ESTATE MORTGAGE NETWORK, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1573833**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 194 Wood Avenue South
9th Floor

CITY/ST/ZIP: Iselin, NJ 08830

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOEL R. KATZ	
TITLE:	PRESIDENT	
ADDRESS:	194 Wood Avenue South 9th Floor Iselin, NJ 08830	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS M ROTELLA	
TITLE:	VICE PRESIDENT	
ADDRESS:	194 Wood Avenue South 9th Floor Iselin, NJ 08830	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICK E. FLOYD	
TITLE:	VICE PRESIDENT	
ADDRESS:	200 Westpark Dr. Suite 300 Peachtree City, GA 30269	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH P. SHERIDAN, JR.	
TITLE:	VICE PRESIDENT	
ADDRESS:	194 Wood Avenue South 9th Floor Iselin, NJ 08830	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GLENN W. RUROEDE	
TITLE:	TREASURER	
ADDRESS:	194 Wood Avenue South 9th Floor Iselin, NJ 08830	
CITY/ST/ZIP/CO:		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER RICHARD NORDEN CEO 194 Wood Avenue South 9th Floor Iselin, NJ 08830	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A. SCHILD SECRETARY 194 Wood Avenue South 9th Floor Iselin, NJ 08830	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOEL R. KATZ	JOEL R. KATZ, PRESIDENT	1/13/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			