
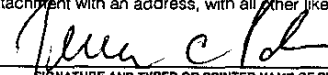


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000003679					
1. Entity Name COUNTRYWIDE GP, INC.					
Principal Place of Business 4500 PARK GRANADA, CH-11 CALABASAS, CA 91302			Mailing Address 26745 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301		
2. Principal Place of Business C		3. Mailing Address 5220 Las Virgenes Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc. AC-11			
City & State		City & State Calabasas, CA		04222004 Chg-P CR2E034 (10/03)	
Zip		Zip 91302		4. FEI Number 95-4498513	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE KURLAND, STANFORD L 4500 PARK GRANADA CALABASAS, CA 93065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT SANDEFUR, JENNIFER 4500 PARK GRANADA CH-11 CALABASAS, CA 93021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOW, SUSAN E 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANIEL, GLENDA J 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE AS NAME STREET ADDRESS CITY-ST-ZIP	Teresa C. Palma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 Las Virgenes Road AC-11 Calabasas, CA 91302		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas McLaughlin 4500 Park Granada Calabasas, CA 91302		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOZILO, ANGELO R 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Teresa C. Palma		04/27/04 (818) 871-4858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	