


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000002440 1. Entity Name MORTGAGE NOW, INC.	
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Principal Place of Business 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131	Mailing Address 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131
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04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1546027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAULEY, KEVIN  
16017 NORTH FLORIDA  
LUTZ, FL 33549

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000118272  
04/19/04-80053-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SCHWARTZ, JAMES C 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BICE, EVERT D 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKLEY, ANITA 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANN, LAURA 750 WEST RESOURCE DRIVE, #300 BROOKLYN HEIGHTS, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *X*  EXEC. VICE-PRES 4-17-04 216-635-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EVERT D. BICE