


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003273
 1. Entity Name
PLATINUM HOME MORTGAGE CORPORATION



Principal Place of Business 2200 HICKS ROAD, SUITE 101 ROLLING MEADOWS, IL 60008	Mailing Address 2200 HICKS ROAD, SUITE 101 ROLLING MEADOWS, IL 60008
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1653688	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

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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


U00000087415
 03/15/04-80010-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIAMBRONE, WILLIAM W 2200 HICKS ROAD, SUITE 101 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GIAMBRONE, MICHAEL C 2200 HICKS ROAD, SUITE 101 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRASTEGUI, DAVID 2200 HICKS ROAD, SUITE 101 ROLLING MEADOWS, IL 60008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Secretary **3/15/04** 847-797-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #