

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006895

FILED
Aug 08, 2008
Secretary of State

Entity Name: STONEGATE MORTGAGE ASSOCIATES, INC.

Current Principal Place of Business:

385 WEST STREET
WEST BRIDGEWATER, MA 02379

New Principal Place of Business:

385 WEST STREET
WEST BRIDGEWATER, MA 02379 US

Current Mailing Address:

385 WEST STREET
WEST BRIDGEWATER, MA 02379

New Mailing Address:

FEI Number: 20-2885236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM, WYLLIE MR.
685 NEWTON AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: QUANN, THOMAS J
Address: 385 WEST STREET
City-St-Zip: WEST BRIDGEWATER, MA 02379 US

Title: VPT (X) Delete
Name: HOFMANN, SCOTT M
Address: 385 WEST STREET
City-St-Zip: WEST BRIDGEWATER, MA 02379 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. QUANN III

PRES

08/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date