

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90183 045 \*\*\*150.00

<b>DOCUMENT # F98000000070</b>			
1. Entity Name <b>SMC MORTGAGE CORPORATION</b>			
Principal Place of Business 6400 UPTOWN BLVD., NE. STE. 200E ALBUQUERQUE NM 87110		Mailing Address 6400 UPTOWN BLVD., NE. STE. 200E ALBUQUERQUE NM 87110-4223	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>JURSINSKI, KEVIN F P.A. 2222 SECOND ST. FT. MYERS FL 33901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>74-2810547</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>FELD, ANDREW LEE</b> <b>4421 HIDDEN VALLEY CT.</b> <b>ALBUQUERQUE NM 87111</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Victor Rosenthal</b> <b>5207 Calle de Camino NE</b> <b>Albuquerque, NM 87111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>PELLETIER, LAURA DIANE</b> <b>12813 DEER DANCER DR.</b> <b>ALBUQUERQUE NM 87111</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP, CFO, Secretary</b> <b>Pelletier, Laura Diane</b> <b>9101 Corona NE</b> <b>Albuquerque, NM 87122</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM</b> <b>HOBSON, KAREN L</b> <b>2315 SUNSTONE DR., NW</b> <b>ALBUQUERQUE NM 87120</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Pamela M. Murphy</b> <b>3205 Campus NE</b> <b>Albuquerque, NM 87106</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM</b> <b>NEWTON, KRISTEN M</b> <b>309 1/2 CENTRAL AVE.</b> <b>OSSEO MN 55349</b> <input checked="" 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	<b>S</b> <b>DECANEY, KATHERINE E</b> <b>08 DEE CT.</b> <b>LOS LUNAS NM 87031</b> <input checked="" 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	<b>V</b> <b>LIVINGSTON, KENT</b> <b>6905 BLOSSOM PLACE NE</b> <b>ALBUQUERQUE NM 87111</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Laura B. Pelletier* **Laura B. Pelletier** **4/11/2000** **505-346=7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #