

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000070

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: SMC MORTGAGE CORPORATION

**Current Principal Place of Business:**

2901 JUAN TABO BLVD NE  
STE 100  
ALBUQUERQUE, NM 87112

**New Principal Place of Business:**

**Current Mailing Address:**

2901 JUAN TABO BLVD NE  
STE 100  
ALBUQUERQUE, NM 87112

**New Mailing Address:**

FEI Number: 74-2810547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JURSINSKI, KEVIN F P.A.  
2222 SECOND ST.  
FT. MYERS, FL 33901    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: PC      ( ) Delete  
Name: FELD, ANDREW L  
Address: 4421 HIDDEN VALLEY CT.  
City-St-Zip: ALBUQUERQUE, NM 87111

Title: MVTS      ( ) Delete  
Name: PELLETIER, LAURA DIANE  
Address: 9101 CORONA NE  
City-St-Zip: ALBUQUERQUE, NM 87122

Title: VM      ( ) Delete  
Name: HOBSON, KAREN L  
Address: 2315 SUNSTONE DR., NW  
City-St-Zip: ALBUQUERQUE, NM 87120

Title: D      ( ) Delete  
Name: TOLLEY, GERALD  
Address: 7223 LOSTER AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

Title: D      ( ) Delete  
Name: THOMPSON, RONALD  
Address: 2428 S LEYDEN ST  
City-St-Zip: DENVER, CO 80222

Title: V      ( ) Delete  
Name: SPEEGLE, PAULA J  
Address: 1112 WOODMAR NE  
City-St-Zip: ALBUQUERQUE, NM 87112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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 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: ANDREW L. FELD

PC

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date