


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90193 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9800000070 1. Entry Name SMC MORTGAGE CORPORATION			10097883
Principal Place of Business 2901 JUAN TABO BLVD NE STE 100 ALBUQUERQUE, NM 87112		Mailing Address 2901 JUAN TABO BLVD NE STE 100 ALBUQUERQUE, NM 87112	
2. Principal Place of Business Same		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 74-2810547		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JURINSKI, KEVIN F P.A. 2222 SECOND ST. FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when eliminating)</small>			
FILE NOW WITH FEES IS \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FELD, ANDREW L 4421 HIDDEN VALLEY CT. ALBUQUERQUE, NM 87111	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Etkind 4429 Glenwood Hills Alb NM 87111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVTS PELLETIER, LAURA DIANE 9101 CORONA NE ALBUQUERQUE, NM 87122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sanford Feld 66 Lake Rd Far Hill, NJ 07931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM HOBSON, KAREN L 2316 SUNSTONE DR., NW ALBUQUERQUE, NM 87120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLEY, GERALD 7223 LOSTER AVE NE ALBUQUERQUE, NM 87109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RONALD 2428 S LEYDEN ST DENVER, CO 80222	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPEEGLE, PAULA J 1112 WOODMAR NE ALBUQUERQUE, NM	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: <i>Laura B Pelletier</i>		Laura B Pelletier EVP 4/28/03 505-346-7600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CRZEBK(10/02)