


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90004 049 ***150.00

DOCUMENT # P36942			
1. Entity Name C MORTGAGE CORP.			
Principal Place of Business ATTN: DELLANE COLSON P.O. BOX 14111 SALEM, OR 97309		Mailing Address ATTN: DELLANE COLSON P.O. BOX 14111 SALEM, OR 97309	
2. Principal Place of Business ATTN: Debbie Parsons Suite, Apt. #, etc. 2250 MCGILCHRIST SE		3. Mailing Address ATTN: Debbie Parsons Suite, Apt. #, etc. PO Box 14111	
City & State Salem OR		City & State Salem OR	
Zip 97302	Country USA	Zip 97309	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
93-1068917

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E			NAME			
STREET ADDRESS	2250 MCGILCHRIST ST. SE			STREET ADDRESS			
CITY-ST-ZIP	SALEM, OR			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATY, DANIEL R			NAME			
STREET ADDRESS	2105 N. 30			STREET ADDRESS			
CITY-ST-ZIP	TACOMA, WA			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLSON, BARTON G			NAME			
STREET ADDRESS	2250 MCGILCHRIST ST SE			STREET ADDRESS			
CITY-ST-ZIP	SALEM, OR			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.			NAME			
STREET ADDRESS	2250 MCGILCHRIST ST., SE			STREET ADDRESS			
CITY-ST-ZIP	SALEM, OR			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E			NAME			
STREET ADDRESS	2250 MCGILCHRIST ST., SE			STREET ADDRESS			
CITY-ST-ZIP	SALEM, OR 97302			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L			NAME			
STREET ADDRESS	2250 MCGILCHRIST ST. SE			STREET ADDRESS			
CITY-ST-ZIP	SALEM, OR 97302			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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E Colson 1-9-04 503/370-7071 x 7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #