


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P36942 1. Entity Name C MORTGAGE CORP.	
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Principal Place of Business ATTN: DEBBIE PARSONS 2250 MCGILCHRIST ST SE SALEM, OR 97302	Mailing Address ATTN: DEBBIE PARSONS P.O. BOX 14111 SALEM, OR 97309
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01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 93-1068917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**


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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLSON, WILLIAM E 2250 MCGILCHRIST ST. SE SALEM, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATY, DANIEL R 2105 N. 30 TACOMA, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLSON, BARTON G 2250 MCGILCHRIST ST SE SALEM, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENDEN, NORMAN L. 2250 MCGILCHRIST ST., SE SALEM, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, WILLIAM E 2250 MCGILCHRIST ST., SE SALEM, OR 97302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDEN, NORMAN L 2250 MCGILCHRIST ST. SE SALEM, OR 97302

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03/01/05-80002-005 300.00

**DO NOT WRITE  
IN THIS SPACE**

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: 	Date: 2/18/05	Daytime Phone #: 503 586-7209
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR