

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90248 014 ***150.00

DOCUMENT # 840391

1. Entity Name
WATERFIELD MORTGAGE COMPANY, INCORPORATED



Principal Place of Business
**7500 WEST JEFFERSON BLVD
ATTN: ANGELA THOMPSON
FORT WAYNE, IN 46804 US**

Mailing Address
**7500 WEST JEFFERSON BLVD
ATTN: ANGELA THOMPSON
FORT WAYNE, IN 46804 US**

14022487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Attn: Kathleen A. Smith

Suite, Apt. #, etc.
Attn: Kathleen A. Smith

City & State

City & State

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
35-0742323

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ANGUIANO, NATHAN C**
CITY-ST-ZIP **7500 W JEFFERSON BLVD
FORT WAYNE, IN 468044132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHAPMAN, HOWARD**
CITY-ST-ZIP **215 EAST BERRY STREET
FT WAYNE, IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DVC**
STREET ADDRESS **WATERFIELD, RICHARD D**
CITY-ST-ZIP **7500 W JEFFERSON BLVD.
FT WAYNE, IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CP**
STREET ADDRESS **SHERMAN, DONALD A.**
CITY-ST-ZIP **7500 W JEFFERSON BLVD.
FT WAYNE, IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEST, THOMAS M**
CITY-ST-ZIP **7500 W JEFFERSON BLVD
FT WAYNE, IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ASV**
STREET ADDRESS **WALDMAN, MICHAEL W**
CITY-ST-ZIP **7500 W JEFFERSON BLVD.
FORT WAYNE, IN 46804**

TITLE ☐ Change ☐ Addition
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)(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:

Kathleen A. Smith, AYP

04/30/04

260.434.8346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #