2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003
Secretary of State

DOCUMENT# 843518

Entity Name: COUNTRYWIDE SERVICES CORPORATION

Current Principal Place of Business:

2000 WESTWOOD DRIVE
P.O. BOX 8017
WAUSAU, WI 544025017

New Principal Place of Business:

2000 WESTWOOD DRIVE
WAUSAU, WI 54401

Current Mailing Address:

2000 WESTWOOD DRIVE
P.O. BOX 8017
WAUSAU, WI 544025017

New Mailing Address:

2000 WESTWOOD DRIVE
P.O. BOX 8017
WAUSAU, WI 544028017

FEI Number: 43-0967042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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:	PD	( ) Delete
Name:	NICHOLS, R. L.,	
Address:	11933 WESTLINE IND. DR.	
City-St-Zip:	ST. LOUIS, MO	
Title:	VPS	( ) Delete
Name:	J. S. HOFFERT,	
Address:	2000 WESTWOOD DR	
City-St-Zip:	WAUSAU, WI	
Title:	TVP	( ) Delete
Name:	WILLIAMS, ELLIOT J	
Address:	175 BERKELEY ST	
City-St-Zip:	BOSTON, MA 02117	
Title:	CD	( ) Delete
Name:	GREGG, GARY R	
Address:	175 BERKELEY STREET	
City-St-Zip:	BOSTON, MA 02117	
Title:	MD	( ) Delete
Name:	DONLEVIE, MARK J	
Address:	175 BERKELEY ST	
City-St-Zip:	BOSTON, MA 02117	
Title:	EVP	( ) Delete
Name:	FLEMING, G MICHAEL	
Address:	622 EMERSON	
City-St-Zip:	KREVCOR, MO 63141	

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: JAMES S. HOFFERT VPS 04/03/2003

Electronic Signature of Signing Officer or Director — Date