

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849955

FILED
Jan 14, 2004
Secretary of State

Entity Name: IRWIN MORTGAGE CORPORATION

Current Principal Place of Business:

10500 KINCAID DRIVE
FISHERS, IN 46038

New Principal Place of Business:

Current Mailing Address:

P O BOX 6107
INDIANAPOLIS, IN 462066107 US

New Mailing Address:

FEI Number: 35-1500627 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 US

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: CD () Delete
Name: MILLER, WILLIAM I
Address: 500 WASHINGTON ST
City-St-Zip: COLUMBUS, IN

Title: DC () Delete
Name: WASHBURN, THOMAS D
Address: 500 WASHINGTON ST
City-St-Zip: COLUMBUS, IN

Title: VPAS () Delete
Name: TOLTON, REBECCA S
Address: 10500 KINCAID DRIVE
City-St-Zip: FISHERS, IN 46038

Title: D () Delete
Name: NASH, JOHN
Address: 500 WASHINGTON STREET
City-St-Zip: COLUMBUS, IN 47201

Title: S () Delete
Name: SOUZA, MATTHEW F
Address: 500 WASHINGTON STREET
City-St-Zip: COLUMBUS, IN 47201

Title: PD () Delete
Name: GRIFFITH, ROBERT H
Address: 9265 COUNSELOR'S ROW
City-St-Zip: INDIANAPOLIS, IN 46240

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
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Address:
City-St-Zip:

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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: REBECCA S. TOLTON

VPAS

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date