

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90051 010 ***150.00

DOCUMENT # F00000001853

1. Entity Name
IGNITION MORTGAGE TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business
8200 JONES BRANCH DRIVE
MS 210
MCLEAN, VA 22103-3110 US

Mailing Address
8200 JONES BRANCH DRIVE
MS 210
MCLEAN, VA 22103-3110 US

24000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-P

CR2E034 (10/03)

4. FEI Number
94-3309563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGO, EDWARD ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, JAMES ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, ROBERT ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, GREGORY ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, MICHAEL ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, ROBERT ONE HARBOR DRIVE STE 300 SAUSALITO, CA 94965	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See Attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See Attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition See Attachment

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Albrigo, Chairman & President

4/5/04

Date

703-903-3406

Daytime Phone #

attachment

24039291
4F00000001853

ATTACHMENT TO 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Name of the Corporation: Ignition Mortgage Technology Solutions, Inc.
Document # F00000001853

OFFICERS AND DIRECTORS:

C/P/D

Albrigo, Edward
8200 Jones Branch Dr.
McLean, VA 22102-3110

EVP/COO

Parker, Robert H.
8200 Jones Branch Dr., MS 271
McLean, VA 22102-3110

T/CFO

Sievers Sean
1551 Park Run Dr., MS D2G
McLean, VA 22102-3110

S

Roy, Mollie
8200 Jones Branch Dr, MS 204
McLean, VA 22102-3110

D

May, Michael
1551 Park Run Dr., D2S
McLean, VA 22102-3110

D

Ryan, Robert
1551 Park Run Drive, MS D2F
McLean, VA 22102-3110