


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90053 032 ***150.00

DOCUMENT # F00000001874					
1. Entity Name ARISTAR MORTGAGE COMPANY					
Principal Place of Business 8900 GRAND OAK CIRCLE TAMPA, FL 33637-1050			Mailing Address 8900 GRAND OAK CIRCLE TAMPA, FL 33637-1050		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-0607106	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, DANIEL J		NAME	Jerry T. Burditt	
STREET ADDRESS	8900 GRAND OAK CIRCLE		STREET ADDRESS	8900 Grand Oak Circle	
CITY-ST-ZIP	TAMPA, FL 33637		CITY-ST-ZIP	Tampa, FL 33637	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, DEBORAH R		NAME		
STREET ADDRESS	8900 GRAND OAK CIR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33637		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING, GARY E		NAME		
STREET ADDRESS	8900 GRAND OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336371050		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLES, SEAN		NAME		
STREET ADDRESS	1201 THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE, WA 98101		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARDO, JOHN J		NAME		
STREET ADDRESS	23861 EL TORO ROAD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Beverly Thurston</i>		Beverly Thurston		2/2/04 813-6324555	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

94022863



01152004 Chg-P CR2E034 (10/03)

4. FEI Number
43-0607106

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, DANIEL J	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRACY, DEBORAH R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITING, GARY E	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 336371050	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROWLES, SEAN	
STREET ADDRESS	1201 THIRD AVENUE	
CITY-ST-ZIP	SEATTLE, WA 98101	
TITLE	V	<input type="checkbox"/> Delete
NAME	VARDO, JOHN J	
STREET ADDRESS	23861 EL TORO ROAD, 5TH FLOOR	
CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry T. Burditt	
STREET ADDRESS	8900 Grand Oak Circle	
CITY-ST-ZIP	Tampa, FL 33637	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Beverly Thurston* Beverly Thurston 2/2/04 813-6324555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #