

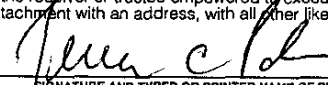


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90254 018 ***150.00

DOCUMENT # F00000003679 1. Entity Name COUNTRYWIDE GP, INC.					
Principal Place of Business 4500 PARK GRANADA, CH-11 CALABASAS, CA 91302			Mailing Address 26745 MALIBU HILLS ROAD CALABASAS HILLS, CA 91301		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5220 Las Virgenes Road AC-11		 04222004 Chg-P CR2E034 (10/03)	
City & State		City & State Calabasas, CA			
Zip 91302	Country USA	4. FEI Number 95-4498513			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PDCE KURLAND, STANFORD L 4500 PARK GRANADA CALABASAS, CA 93065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT SANDEFUR, JENNIFER 4500 PARK GRANADA CH-11 CALABASAS, CA 93021 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOW, SUSAN E 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DANIEL, GLENDA J 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Teresa C. Palma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 Las Virgenes Road AC-11 Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, CARLOS M 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas McLaughlin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 Park Granada Calabasas, CA 91302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOZILO, ANGELO R 4500 PARK GRANADA CALABASAS, CA 91302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Teresa C. Palma 04/27/04 (818) 871-4858			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			