


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000979	
1. Entity Name ACE MORTGAGE FUNDING INCORPORATED	

Principal Place of Business 777 BEACHWAY DR. STE. 300 INDIANAPOLIS, IN 46224	Mailing Address 777 BEACHWAY DR. STE. 300 INDIANAPOLIS, IN 46224
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DO NOT WRITE IN THIS SPACE

FILED
04 JAN -8 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2037915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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  **Jeanine Reynolds** as its agent DATE 1-7-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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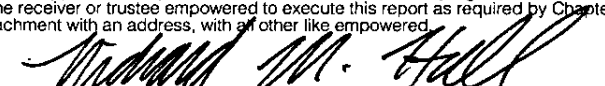
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALL, RICHARD M 777 BEACHWAY DR., STE. 300 INDIANAPOLIS, IN 46224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREGORY JR, ROBERT L 777 BEACHWAY DR., STE. 300 INDIANAPOLIS, IN 46224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/29/04--01030--004 **150.00

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:  1-5-03 317-246-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #