

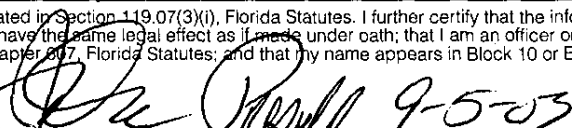


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0148666 MB

DOCUMENT # F01000003043 1. Entity Name MORTGAGE TRUST GROUP INC		 FILED 03 SEP 16 PM 12:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 364 BOSTON TURNPIKE SHREWSBURY MA 01545		Mailing Address 364 BOSTON TURNPIKE SHREWSBURY MA 01545	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-6401597		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DECOURSEY, ELEANOR 602 CAPT'N GATE COURT NAPLES FL 33401		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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MCDONALD, JO 364 BOSTON TURNPIKE SHREWSBURY MA 01545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023175895 09/18/03--01063--022 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, KEVIN 364 BOSTON TURNPIKE SHREWSBURY MA 01545 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 207, 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 REQUIRED  Date 9-5-03 Daytime Phone #	

CR2E034 (4/03)

Attachment

401000003043

Mortgage Trust Group, Inc.

Tel. (508) 797-3343
(800) 684-4400

364 Boston Turnpike
Shrewsbury, Massachusetts 01545
www.mortgagetrust.com

Fax (508) 797-3462
(508) 797-9131

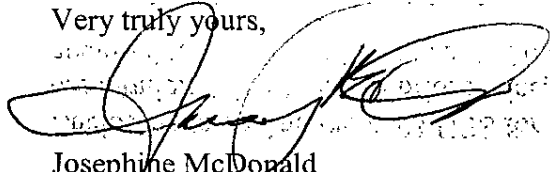
July 22, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the 2003 UBS for MTG Business Trust (65-6401597). Since the corporation did not receive prior notice, we request that the late fee be waived. We have enclosed the original filing fee of \$150.00.

Very truly yours,



Josephine McDonald
President, MTG Business Trust