

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003272

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: SEATTLE MORTGAGE COMPANY

## Current Principal Place of Business:

190 QUEEN ANNE AVENUE N.  
#500  
SEATTLE, WA 98109

## New Principal Place of Business:

## Current Mailing Address:

190 QUEEN ANNE AVENUE N.  
#500  
SEATTLE, WA 98109

## New Mailing Address:

FEI Number: 91-0495915      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERRIFIELD, CYNTHIA  
950 TAMARIND CIRCLE  
ROCKLEDGE, FL 32955      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: STORY, ROBERT E  
Address: 3800 44TH AVE. NE  
City-St-Zip: SEATTLE, WA 98105

Title: V ( ) Delete  
Name: SMITH, DAVID C  
Address: 6837 54TH NE  
City-St-Zip: SEATTLE, WA 98115

Title: S (X) Delete  
Name: BELL, JEAN  
Address: 16120 NE 15TH  
City-St-Zip: BELLEVUE, WA 98008

Title: T (X) Delete  
Name: SAITO, ROBERT  
Address: 7410 W MERCER WAY  
City-St-Zip: MERCER ISLAND, WA 98040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. STORY

CP

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date