

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005123

FILED
Jan 04, 2007
Secretary of State

Entity Name: E*TRADE MORTGAGE CORPORATION

Current Principal Place of Business:

3353 MICHELSON DRIVE, 2ND FLOOR
ATTN: CYNTHIA BOCK
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

4500 BOHANNON DRIVE
ATTN: CYNTHIA BOCK
MENLO PARK, CA 94025

New Mailing Address:

FEI Number: 54-2027703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: GELBARD, ARLEN W
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 222032110

Title: S () Delete
Name: BUCHMAN, JOHN
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 222032110

Title: T () Delete
Name: AUDETTE, MATTHEW
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 222032110

Title: AS () Delete
Name: BOCK, CYNTHIA
Address: 4500 BOHANNON DRIVE
City-St-Zip: MENLO PARK, CA 94025

Title: V () Delete
Name: GEARY, MATTHEW
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

Title: V (X) Delete
Name: SNOW, ROB (JOHN)
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SV (X) Change () Addition
Name: BUCHMAN, JOHN
Address: 671 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 222032110

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 Chapter 119, 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: CYNTHIA BOCK

AS

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date