

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F01000005123



FILED

03 JAN 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

1. Entity Name
E*TRADE MORTGAGE CORPORATION

Principal Place of Business
7755 CENTER AVENUE, SUITE 100
HUNTINGTON BEACH CA 92647

Mailing Address
ATTN: CINDY BOCK
4500 BOHANNAN DRIVE
MENLO PARK CA 94025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-2027703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 *Deborah D. Skipper*

Deborah D. Skipper
Asst. V. Pres.

1-14-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GELBARD, ARLEN W	
STREET ADDRESS	671 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA 22203-2110	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BUCHMAN, JOHN	
STREET ADDRESS	671 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA 22203-2110	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FENTON, ROBERT	
STREET ADDRESS	671 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA 22203-2110	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BOCK, CYNTHIA	
STREET ADDRESS	4500 BOHANNAN DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELBARD, ARLEN W	
STREET ADDRESS	671 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Geary	
STREET ADDRESS	671 North Glebe Road	
CITY-ST-ZIP	Arlington, VA 22203-2110	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Audette	
STREET ADDRESS	671 North Glebe Road	
CITY-ST-ZIP	Arlington, VA 22203-2110	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arlen Gelbard	
STREET ADDRESS	671 North Glebe Road	
CITY-ST-ZIP	Arlington, VA 22203-2110	
TITLE	V5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Buchman	
STREET ADDRESS	671 North Glebe Road	
CITY-ST-ZIP	Arlington, VA 22203-2110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

Cynthia Bock
Cynthia Bock
Assistant Secretary

1/6/2003

Date

650-331-6186

Daytime Phone #

CR2E034 (10/02)



2al2

ACCOUNT NO. : 072100000032
REFERENCE : 890580 7188063
AUTHORIZATION : *Patricia Pizot*
COST LIMIT : \$ 150.00

ORDER DATE : January 14, 2003
ORDER TIME : 10:25 AM
ORDER NO. : 890580-005
CUSTOMER NO: 7188063
CUSTOMER: Ms. Cindy C. Bock
E*trade Group, Inc.
4500 Bohannon Drive
Menlo Park, CA 94025-1041

ANNUAL REPORT FILING

NAME: E*TRADE MORTGAGE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: