

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000005484**

1. Entity Name  
**HARBOURTON MORTGAGE INVESTMENT  
CORPORATION**



Principal Place of Business  
**1300 NORTH DUTTON AVE.  
STE. A  
SANTA ROSA, CA 95401**

Mailing Address  
**1300 NORTH DUTTON AVE.  
STE. A  
SANTA ROSA, CA 95401**

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number **22-3832237** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000086585**  
**03/12/04-80028-020 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWMAN, STEPHEN M 1300 NORTH DUTTON AVE., STE. A SANTA ROSA, CA 95401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLENDON, JAMES K 8180 GREENSBORO DRIVE, SUITE 525 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BOGDANYI, MARIAN A 1300 NORTH DUTTON AVE., STE. A SANTA ROSA, CA 95401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMILLAN, CHARLES 1300 NORTH DUTTON AVE. SANTA ROSA, CA 95401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHRISTENSEN, LAURA 1300 NORTH DUTTON AVE., STE. A SANTA ROSA, CA 95401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMPBELL, DAVID 8180 GREENSBORO DRIVE, STE. 525 MCLEAN, VA 22102

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Marian A. Bogdany, AVP Asst Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-10-04 661-4692**  
**866-835**