2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# F01000005670

Entity Name: CAPSTONE INSTITUTE OF MORTGAGE FINANCE, INC.

Current Principal Place of Business:

2000 POWERS FERRY RD
STE 2-3
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

2000 POWERS FERRY RD
STE 2-3
MARIETTA, GA 30067

New Mailing Address:

FEI Number: 58-1727983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
LOWER LEVEL 32301
TALLAHASSEE, FL 32315 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: P ( ) Delete
Name: LEWIS, KATHLEEN A
Address: 2000 POWERS FERRY RD, STE 2-3
City-St-Zip: MARIETTA, GA

Title: R ( ) Delete
Name: STROMQUIST, SUSAN F
Address: 2000 POWERS FERRY RD, STE 2-3
City-St-Zip: MARIETTA, GA

Title: M ( ) Delete
Name: MIMMS, DEBBIE F
Address: 2000 POWERS FERRY RD, STE 2-3
City-St-Zip: MARIETTA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: R (X) Change ( ) Addition
Name: STROMQUIST, SUSAN K
Address: 2000 POWERS FERRY RD, STE 2-3
City-St-Zip: MARIETTA, GA

Title: M (X) Change ( ) Addition
Name: MIMMS, DEBBIE
Address: 2000 POWERS FERRY RD, STE 2-3
City-St-Zip: MARIETTA, GA

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: SUSAN K. STROMQUIST R 01/04/2005

Electronic Signature of Signing Officer or Director — Date