


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 041 ***158.75

DOCUMENT # F01000005827
 1. Entity Name
TRI POINT MORTGAGE CORPORATION



Principal Place of Business
14 E. MAIN PLAZA
CARNEGIE, PA 15106


Mailing Address
14 E. MAIN PLAZA
CARNEGIE, PA 15106

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
25-1891265

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCAFFREY, JOHN
3740 ST. JOHN'S BLUFF RD., STE 8
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	MCCAFFREY, ELIZABETH	
STREET ADDRESS	448 HIGHPOINTE DRIVE	
CITY-ST-ZIP	PITTSBURGH, PA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLANKLEY, BRAD A	
STREET ADDRESS	3740 ST JOHNS BLUFF RD STE 8	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCAFFREY, JOHN P	
STREET ADDRESS	3740 ST JOHNS BLUFF RD STE 8	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, LINDA J	
STREET ADDRESS	14 EAST MAIN STREET	
CITY-ST-ZIP	CARNEGIE, PA 15106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, ELIZABETH	
STREET ADDRESS	293 DIXON AVE	
CITY-ST-ZIP	PITTSBURGH PA 15216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Elizabeth Y. McCaffrey* **4/28/04** **412-279-2819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #