

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001521

FILED  
Feb 17, 2004  
Secretary of State

Entity Name: SUMMIT HOME MORTGAGE, INC.

## Current Principal Place of Business:

605 N. HWY 169  
SUITE 700  
PLYMOUTH, MN 55441

## New Principal Place of Business:

605 N. US HWY 169  
SUITE 700  
PLYMOUTH, MN 55441

## Current Mailing Address:

605 N. HWY 169  
SUITE 700  
PLYMOUTH, MN 55441

## New Mailing Address:

605 N. US HWY 169  
SUITE 700  
PLYMOUTH, MN 55441

FEI Number: 41-1726353

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: DP ( ) Delete  
Name: CARTER, ROBERT L  
Address: 10201 WAYZATA BLVD STE 350  
City-St-Zip: MINNETONKA, MN 55305

Title: DS ( ) Delete  
Name: CLARKE-CARTER, DIANA J  
Address: 10201 WAYZATA BLVD STE 350  
City-St-Zip: MINNETONKA, MN 55305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CARTER, ROBERT L  
Address: 605 N US HWY 169, SUITE 700  
City-St-Zip: PLYMOUTH, MN 55441

Title: DS (X) Change ( ) Addition  
Name: CLARKE-CARTER, DIANA J  
Address: 605 N US HWY 169, SUITE 700  
City-St-Zip: PLYMOUTH, MN 55441

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: ROBERT L. CARTER

MR.

02/17/2004

Electronic Signature of Signing Officer or Director

Date