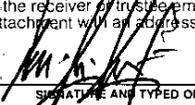


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90002 006 \*\*\*550.00

DOCUMENT # F02000002362			
1. Entity Name IDB MORTGAGE CORP.			
Principal Place of Business 511 FIFTH AVENUE NEW YORK, NY 10017		Mailing Address 511 FIFTH AVENUE NEW YORK, NY 10017	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		511 Fifth Avenue	
City & State		Suite, Apt. #, etc. Attn: Legal Dept.	
Zip		City & State New York, NY	
Country		Zip 10017	
		Country USA	
4. FEI Number 13-4175802		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISRAEL DISCOUNT BANK OF NEW YORK 2875 N.E. 191ST STREET AVENTURA, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, WEN, CHI	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPELLO, PAULA	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	D/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLPE, MICHAEL	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CHET	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, LISSA	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	First Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, HARVEY	NAME	
STREET ADDRESS	511 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	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: 		Name: <u>Wen-Chi Chang</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7/2/04</u>	
		Daytime Phone #	

54059845



07012004 Chg-P CR2E034 (10/03)