2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004524 04 MAR 26 AM 8: 26 1. Entity Name MORTGAGE GROUP USA, INC. SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8520 ALLISON POINTE BLVD., SUITE 410 8520 ALLISON POINTE BLVD., SUITE 410 INDIANAPOLIS, IN 46250 INDIANAPOLIS, IN 46250 CR2E034 (10/03) 01192004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 36-4502525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 526 E. PARK AVENUE TALLAHASSEE, FL 32301 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) \$5.00 May #400031370114 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to F03/30/04--01019--003 **158.75 10. OFFICERS AND DIRECTORS TITLE NAME MATTERS, GREGORY W 8520 ALLISON POINTE BLVD., SUITE 410 STREET ADDRESS INDIANAPOLIS, IN 46250 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 Jeceiver 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 attachingent with an addressy with all price like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

317-813.3001

Daytime Phone #