2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# F02000004712

Entity Name: MORTGAGE SOUTH FINANCIAL SERVICES, INCORPORATED

Current Principal Place of Business:

3029 STONYBROOK DRIVE, SUITE 105
RALEIGH, NC 27604

New Principal Place of Business:

3631 BASTION LANE
RALEIGH, NC 27604

Current Mailing Address:

3029 STONYBROOK DRIVE, SUITE 105
RALEIGH, NC 27604

New Mailing Address:

3631 BASTION LANE
RALEIGH, NC 27604

FEI Number: 57-1076656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, KELLY
433 NORTH EAST CANOE PARK CIR
PORT SAINT LUCIE, FL 34983 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: SINE, AARON
Address: 3029 STONYBROOK DRIVE, SUITE 105
City-St-Zip: RALEIGH, NC 27604

Title: VT ( ) Delete
Name: MUELLER, JEFFREY
Address: 3029 STONYBROOK DRIVE, SUITE 105
City-St-Zip: RALEIGH, NC 27604

Title: S ( ) Delete
Name: LOPICCOLO, CINDY
Address: 3029 STONYBROOK DRIVE, SUITE 105
City-St-Zip: RALEIGH, NC 27604

Title: VPOP ( ) Delete
Name: MAGIER, DARREN J
Address: 3024 STONYBROOK DR., SUITE 105
City-St-Zip: RALEIGH, NC 27604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SINE, AARON
Address: 3631 BASTION LANE
City-St-Zip: RALEIGH, NC 27604

Title: VT (X) Change ( ) Addition
Name: MUELLER, JEFFREY
Address: 3631 BASTION LANE
City-St-Zip: RALEIGH, NC 27604

Title: S (X) Change ( ) Addition
Name: LOPICCOLO, CINDY
Address: 3631 BASTION LANE
City-St-Zip: RALEIGH, NC 27604

Title: VPOP (X) Change ( ) Addition
Name: MAGIER, DARREN J
Address: 3631 BASTION LANE
City-St-Zip: RALEIGH, NC 27604

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: AARON SINE P 01/08/2004

Electronic Signature of Signing Officer or Director — Date