

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005030

FILED
Jan 12, 2005
Secretary of State

Entity Name: BAY HUNDRED MORTGAGE CORP.

Current Principal Place of Business:

10811 RED RUN BLVD.
STE. 200
OWINGS MILLS, MD 21117

New Principal Place of Business:

Current Mailing Address:

10811 RED RUN BLVD.
STE. 200
OWINGS MILLS, MD 21117

New Mailing Address:

FEI Number: 52-2301421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CDP () Delete
Name: SACHS, STEWART D
Address: 10811 RED RUN BLVD., STE. 200
City-St-Zip: OWINGS MILLS, MD 21117

Title: S () Delete
Name: SACHS, JAMIE
Address: 10811 RED RUN BLVD., STE. 200
City-St-Zip: OWINGS MILLS, MD 21117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SACHS, JAMIE E
Address: 10811 RED RUN BLVD., STE. 200
City-St-Zip: OWINGS MILLS, MD 21117

Title: VP () Change (X) Addition
Name: LYONS, BENJAMIN M
Address: 10811 RED RUN BLVD., STE 200
City-St-Zip: OWINGS MILLS, MD 21117

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: STEWART D. SACHS

CDP

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date