



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-06-2004 90011 015 \*\*\*150.00

<b>DOCUMENT # F02000005274</b> 1. Entity Name <b>CITIZENS MORTGAGE CORPORATION</b>					
Principal Place of Business <b>10 TRIPPS LANE RIVERSIDE, RI 02915</b>			Mailing Address <b>10 TRIPPS LANE RIVERSIDE, RI 02915</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01122004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>06-1486335</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FORMICA, MARK J ONE CITIZENS PLAZA PROVIDENCE, RI 02903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hal R. Tovin 315 University Avenue Westwood, MA 02090		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete STEINOUR, STEPHEN D THREE MELLON BANK CENTER 525 WILLIAM PENN PITTSBURG, PA 15219	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. Held, Jr. 3025 Chemical Road Plymouth Meeting, PA 19462		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MAHONEY, ROBERT M 28 STATE STREET BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kevin J. Inkley 10 Tripps Lane Riverside, RI 02915		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete ADAMO, STEPHEN E 10 TRIPPS LANE RIVERSIDE, RI 02915	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph J. MarcAurele One Citizens Plaza Providence, RI 02903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete DEWEY, DANIEL D 10 TRIPPS LANE RIVERSIDE, RI 02915	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cheryl A. Senerchia One Citizens Plaza Providence, RI 02903		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WILLIAMS, MARYELLEN ONE CITIZENS PLAZA PROVIDENCE, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maria P. Tedesco 315 University Avenue Westwood, MA 02090		
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.					
<b>SIGNATURE:</b> <u>Daniel D. Deary</u> <b>1/14/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

*Attachment*

**CITIZENS MORTGAGE CORPORATION**

**FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**CONTINUATION OF SECTION 11**

*# F02000005274*  
*44007839*

V/T  
Corbet, William J.  
875 Elm Street  
Manchester, NH 03101