2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F02000005274

CITY-ST-ZIP

PROVIDENCE, RI 02903

CITIZENS MORTGAGE CORPORATION



Feb 16, 2005 8:00 am **Secretary of State** 02-16-2005 90031 047 ***150.00

FILED

d/b/a CMC Funding Company Mailing Address Principal Place of Business 10 TRIPPS LANE 10 TRIPPS LANE 50015604 RIVERSIDE, RI 02915 RIVERSIDE, RI 02915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02012005 Applied For City & State City & State 4. FEI Number Not Applicable 06-1486335 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE C X Delete TITLE C ☐ Change Addition TOVIN, HAL R NAME FORMICA, MARK J. NAME 315 UNIVERSITY AVENUE STREET ADDRESS ONE CITIZENS PLAZA STREET ADDRESS PROVIDENCE, RI 02903 CITY-ST-ZIE CITY-ST-7IP WESTWOOD, MA 02090 Change ☐ Addition TITLE ☐ Delete TITLE HELD, JOHN J JR MAME HELD, JOHN J JR STREET ADDRESS 3025 CHEMICAL ROAD STREET ADDRESS 2 WEST LAFAYETTE STREET, 5th FLOOR CITY-ST-ZIP NORRISTOWN, PA 19401 CITY-ST-ZIP PLYMOUTH MEETING, PA 19462 **X** Addition TITLE Defete TITLE Change MARCAURELE, JOSEPH J. INKLEY, KEVIN J NAME NAME ONE CITIZENS PLAZA STREET ADDRESS 10 TRIPPS LANE STREET ADDRESS PROVIDENCE, RI 02903 CITY-ST-ZIP CITY - ST - ZIP RIVERSIDE, RI 02915 Change X Addition ☐ Delete TITLE TITLE ADAMO, STEPHEN E NAME TEDESCO, MARIA P. NAME 315 UNIVERSITY AVENUE STREET ADDRESS STREET ADDRESS 10 TRIPPS LANE WESTWOOD, MA 02090 CITY-ST-ZIP CITY+ST-ZIF RIVERSIDE, RI 02915 Change **▼** Addition ☐ Delete TITLE DEWEY, DANIEL D NAME NAME BAILEY, PAUL 10 TRIPPS LANE STREET ADDRESS STREET ADDRESS 10561 TELEGRAPH ROAD CITY - ST- ZIP RIVERSIDE, RI 02915 CITY-ST-ZIP GLEN ALLEN, VA 23059 Change Addition X Delete TITLE TITLE WILLIAMS, MARYELLEN DOERNER, MAUREEN A. NAME NAME 1215 SUPERIOR AVENUE, SUITE 530 STREET ADDRESS ONE CITZENS PLAZA STREET ADDRESS CLEVELAND, OH 441.14

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.

CITY-ST-ZIP

SIGNATURE: Dail 2 2	2/9/05	401-456-7434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL.D. DEWRY. VICE PRESIDENT	Oate	Daytime Phone #

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CONTINUATION OF SECTION 11

D SCHMIDT, CATHLEEN 53 STATE STREET BOSTON, MA 02109

SVP/T CORBET, WILLIAM J. 875 ELM STREET MANCHESTER, NH 03101