
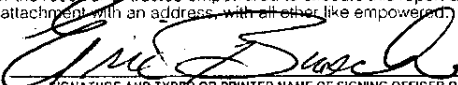


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 003 ***150.00

DOCUMENT # F03000001802					
1. Entity Name SMC MORTGAGE CORPORATION OF IOWA					
Principal Place of Business 2615 86TH STREET DES MOINES, IA 50322		Mailing Address 2615 86TH STREET DES MOINES, IA 50322			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01062004 Chg-P CR2E034 (10/03) 4. FEI Number 42-1468870 Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional 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 PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	PCEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOMBS, TERRY D		NAME		
STREET ADDRESS	4015 E. LINCOLNWAY, STE D		STREET ADDRESS		
CITY-ST-ZIP	STERLING, IL 61081		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	VS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAR, ROBERT P		NAME		
STREET ADDRESS	6180 E. STATE ST. STE. 5		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD, IL 61108		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, ERIC E.		NAME		
STREET ADDRESS	2615 86TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50322		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, THOMAS E		NAME		
STREET ADDRESS	1405 S. EUCLID AVE.		STREET ADDRESS	245 BACKBONE ROAD, EAST, STE B	
CITY-ST-ZIP	PRINCETON, IL 61358		CITY-ST-ZIP	PRINCETON, IL 61356	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, MATTHEW R		NAME		
STREET ADDRESS	2401 SE TONES DR. STE. 1		STREET ADDRESS	235 ALEXANDER AVE., STE 1	
CITY-ST-ZIP	ANKENY, IA 50021		CITY-ST-ZIP	AMES, IA 50010	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 owner 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 that changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			01-12-2004		515-225-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #