


**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**


01-10-2005 90018 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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 4015 E. Lincolnway		3. Mailing Address	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc.	
City & State Sterling, IL		City & State	
Zip 61081		Country USA	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		FL	
Zip Code		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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACEO MCCOMBS, TERRY D 4015 E. LINCOLNWAY, STE D STERLING, IL 61081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO SHEAR, ROBERT P 6180 E. STATE ST. STE. 5 ROCKFORD, IL 61108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 132 E. Bloomingdale Ave., Ste B Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BUSCH, ERIC E 2615 86TH STREET DES MOINES, IA 50322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, THOMAS E 245 BACKBONE ROAD, EAST STE B PRINCETON, IL 61356 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLER, MATTHEW R 235 ALEXANDER AVE. STE 1 AMES, IA 50010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
SIGNATURE: <u>Terry D. McCombs</u>		Date: <u>2-3-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>815-626-5744</u>	

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F03000001802  
 1. Entity Name  
**SMC MORTGAGE CORPORATION OF IOWA**



Principal Place of Business Mailing Address  
 2615 86TH STREET 2615 86TH STREET  
 DES MOINES, IA 50322 DES MOINES, IA 50322

2. Principal Place of Business 3. Mailing Address  
**4015 E. Lincolnway**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite D**

City & State City & State  
**Sterling, IL**

Zip Country Zip Country  
**61081 USA**

**ATTACHMENT**  
 66001643  


01042005 Chg-P CR2E034 (10/03)  
 4. FEI Number Applied For  
**42-1468870** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 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: Terry D. McCombs **1-4-05**  
Signature is typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relistings) DATE

**FILE NOW!!! FEE IS \$150.00** After May 1, 2005 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, THOMAS E 245 BACKBONE ROAD, EAST STE B PRINCETON, IL 61358 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLER, MATTHEW R 235 ALEXANDER AVE. STE 1 AMES, IA 50010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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.

SIGNATURE: Terry D. McCombs, President/CEO **815-626-5744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #