

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 024 ***150.00

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1. Entity Name

PRIME MORTGAGE FINANCIAL, INC.



Principal Place of Business

2 PARK CENTRAL DR.
SOUTHBOROUGH, MA 01772

Mailing Address

2 PARK CENTRAL DR.
SOUTHBOROUGH, MA 01772

54024327



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2933172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	PAPPAS, ARIS H
STREET ADDRESS	2 PARK CENTRAL DR.
CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	VP
NAME	SOUTHBOROUGH, MA
STREET ADDRESS	2 PARK CENTRAL DR.
CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	VP
NAME	SOUTHBOROUGH, MA
STREET ADDRESS	2 PARK CENTRAL DR.
CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	VP
NAME	SOUTHBOROUGH, MA
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CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

Aris H. Pappas, Pres.

3/10/04

SDR-263/102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #