


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003808	
1. Entity Name WOODMEN MORTGAGE SERVICES, INC.	

Principal Place of Business 1700 FARNAM STREET OMAHA, NE 68102	Mailing Address 1700 FARNAM STREET OMAHA, NE 68102
--	--

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0785578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(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	U00000104865 04/06/04 00020 010 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLZE, JAMES J 1700 FARNAM STREET OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, S. J 1700 FARNAM STREET OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, STEVEN P 1700 FARNAM STREET OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MELLOR, STEPHEN W 1700 FARNAM STREET OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MOUNCE, JAMES L 1700 FARNAM STREET OMAHA, NE 68102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THEISEN, MARK D 1700 FARNAM STREET OMAHA, NE 68102

DO NOT WRITE
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)(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>Steven P. Jones</u>	STEVEN JONES	3/24/04	(402) 342-1890
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>