


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003895	
1. Entity Name HOMELoan USA CORPORATION	

Principal Place of Business 1225 RIO GRANDE BLVD NW ALBUQUERQUE, NM 87104	Mailing Address 1225 RIO GRANDE BLVD NW ALBUQUERQUE, NM 87104
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1664540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE, FL 32301
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**000000068054
02/27/04-80026-003 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD BRIGGS, CHARLES R 1225 RIO GRANDE BLVD NW ALBUQUERQUE, NM 87104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARNOLD, JEFF 1103 LONGFELLOW CANTON, MI 48187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LESHER, FRANCES A 1225 RIO GRANDE BLVD NW ALBUQUERQUE, NM 87104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIDD, KEVIN 5100 TENNYSON PKWY, STE 2600 PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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:  **Frances Leshar, Secretary** **1/8/04** **505-224-9170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #