

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004281

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: HOMETEAM MORTGAGE INC.

## Current Principal Place of Business:

260 WEST EXCHANGE ST., STE. 108  
PROVIDENCE, RI 02903

## New Principal Place of Business:

260 WEST EXCHANGE STREET  
SUITE 108  
PROVIDENCE, RI 02903

## Current Mailing Address:

260 WEST EXCHANGE ST., STE. 108  
PROVIDENCE, RI 02903

## New Mailing Address:

260 WEST EXCHANGE STREET  
SUITE 108  
PROVIDENCE, RI 02903

FEI Number: 05-0516522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CHAUVIN, RAYMOND A  
Address: 260 WEST EXCHANGE ST., STE. 108  
City-St-Zip: PROVIDENCE, RI 02903

Title: DST ( ) Delete  
Name: CUTLER, ROBERT R  
Address: 260 WEST EXCHANGE ST., STE. 108  
City-St-Zip: PROVIDENCE, RI 02903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R CUTLER

DST

07/06/2004

Electronic Signature of Signing Officer or Director

Date