


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90018 047 ***550.00

DOCUMENT # F03000005716

1. Entity Name
LOANCARE SERVICING CENTER, INC.




Principal Place of Business Mailing Address
9 INTERSTATE CORPORATE CENTER **9 INTERSTATE CORPORATE CENTER**
NORFOLD, VA 23502 **NORFOLD, VA 23502**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Norfolk VA **Norfolk VA**

Zip Country Zip Country



05102004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
54-1322898 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 E JEFFERSON ST
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSS, GENE D	
STREET ADDRESS	9 INTERSTATE CORPORATE CENTER	
CITY-ST-ZIP	NORFOLD, VA 23502	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, MELVIN L	
STREET ADDRESS	1400 16TH ST NW, STE 255	
CITY-ST-ZIP	WASHINGTON, DC 20036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACY, ROSCOE D JR	
STREET ADDRESS	1111 HALSTEAD BLVD	
CITY-ST-ZIP	ELIZABETH CITY, NC 27909	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAMS, LINDA	
STREET ADDRESS	9 INTERSTATE CORPORATE CENTER	
CITY-ST-ZIP	NORFOLD, VA 23502	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEANGELO, JENNIFER L	
STREET ADDRESS	9 INTERSTATE CORPORATE CENTER	
CITY-ST-ZIP	NORFOLD, VA 23502	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOHLNICK, ERIN	
STREET ADDRESS	9 INTERSTATE CORPORATE CENTER	
CITY-ST-ZIP	NORFOLD, VA 23502	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry F. Radcliffe	
STREET ADDRESS	40 Wiggins Lane	
CITY-ST-ZIP	Uniontown PA 15401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard P. Steele	
STREET ADDRESS	37 E. Main Street	
CITY-ST-ZIP	Warrenton VA 20186	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Norfolk, VA 23502	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cottle, Jennifer L.	
STREET ADDRESS	9 Interstate Corporate Center	
CITY-ST-ZIP	Norfolk VA 23502	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Norfolk VA 23502	

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 information.

SIGNATURE: *Erin L. Wohlrick* **Erin L. Wohlrick** **5-10-2004** **757 893 1355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #