## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006060

Title:

Name:

Address:

City-St-Zip:

FILED Mar 11, 2005 Secretary of State

Entity Name: CASTLE POINT MORTGAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6085 MARSHALEE DR ELKRIDGE, MD 21075 **Current Mailing Address: New Mailing Address:** 6 CAMPUS DR PARSIPPANY, NJ 07054 FEI Number: 72-1521765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition INFANTINO, GERALD INFANTINO, GERALD Name: Name: 9151 RUMSEY ROAD, SUITE 190 323 N. SCOTCH PLAINS AVE Address: Address: City-St-Zip: COLUMBIA, MD 21045 City-St-Zip: WESTFIELD, NJ 07090 Title: Title: VD (X) Change ( ) Addition () Delete VANDERBILT, STEVEN Name: Name: VANDERBILT, STEVEN 9151 RUMSEY ROAD, SUITE 190 2 ROSYLIN WAY Address: Address: COLUMBIA, MD 21045 MENDHAM, NJ 07945 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: SVC SVD (X) Change ( ) Addition INFANTINO, CHRISTOPHER INFANTINO, CHRISTOPHER Name: Name: 9151 RUMSEY ROAD, SUITE 190 8897 PAPILLON DRIVE Address: Address: City-St-Zip: COLUMBIA, MD 21045 City-St-Zip: ELLICOTT CITY, MD 21043

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS W HANKE VT 03/11/2005

() Delete

( ) Change (X) Addition

HANKE, DOUGLAS W

56 SENECA TRAIL

**WAYNE, NJ 07470**