2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# F03000006322

Entity Name: RESMAE MORTGAGE CORPORATION

Current Principal Place of Business:

3550 EAST BIRCH STREET, SUITE 102
BREA, CA 928216266

New Principal Place of Business:

3550 EAST BIRCH STREET
SUITE 102
BREA, CA 928216266 US

Current Mailing Address:

3550 EAST BIRCH STREET, SUITE 102
BREA, CA 928216266

New Mailing Address:

3550 EAST BIRCH STREET
SUITE 102
BREA, CA 928216266 US

FEI Number: 42-2034483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	RESENDEZ, EDWARD	
Address:	3350 EAST BIRCH STREET, SUITE 102	
City-St-Zip:	BREA, CA 928216266	
Title:	VT	( ) Delete
Name:	FROJEN, JON	
Address:	3350 EAST BIRCH STREET, SUITE 102	
City-St-Zip:	BREA, CA 928216266	
Title:	S	( ) Delete
Name:	GLOUBERMAN, STEVEN J	
Address:	3350 EAST BIRCH STREET, SUITE 102	
City-St-Zip:	BREA, CA 928216266	
Title:	VC	( ) Delete
Name:	MAYESH, M. JACK	
Address:	3550 EAST BIRCH STREET, SUITE 102	
City-St-Zip:	BREA, CA 928216266	
Title:	D	( ) Delete
Name:	KOMPERDA, WILLIAM K	
Address:	695 EAST MAIN STREET	
City-St-Zip:	STAMFORD, CT 06901	
Title:	D	( ) Delete
Name:	GRUTMAN, SASHA	
Address:	200 MADISON AVENUE, #1900	
City-St-Zip:	NEW YORK, NY 10016	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: STEVEN J. GLOUBERMAN S 01/20/2005

Electronic Signature of Signing Officer or Director — Date