


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 027 ***150.00

DOCUMENT # F0400000575
 1. Entity Name
WAUSAU MORTGAGE CORPORATION



Principal Place of Business Mailing Address
 6800 KOLL CENTER PARKWAY #310 6800 KOLL CENTER PARKWAY #310
 PLEASANTON, CA 94566 PLEASANTON, CA 94566

50032773

2. Principal Place of Business 3. Mailing Address
6700 KOLL CENTER PKWY #100 **6700 KOLL CENTER PKWY #100**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03242005 Chg-P CR2E034 (10/03)

City & State City & State
PLEASANTON, CA **PLEASANTON, CA**
 Zip Country Zip Country
94566 **ALAMEDA** **94566** **ALAMEDA**

4. FEI Number Applied For
84-1165494 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FLYNN, J. MICHAEL 6800 KOLL CENTER PARKWAY #310 PLEASANTON, CA 94566 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUEL MORELLI, CEO 6700 KOLL CENTER PKWY #100 PLEASANTON, CA 94566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST PENNINGTON, GREGORY C 6800 KOLL CENTER PARKWAY #310 PLEASANTON, CA 94566 <input checked="" type="checkbox"/> Delete <input type="checkbox"/> XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN RICKEL, SECTY/TREAS 6700 KOLL CENTER PKWY #100 PLEASANTON, CA 94566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEAL D. GILBERT, PRES/COO 6700 KOLL CENTER PKWY #100 PLEASANTON, CA 94566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EILEEN BARTLETT, SR. VP 6700 KOLL CENTER PKWY.#100 PLEASANTON, CA 94566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Neal D. Gilbert **NEAL D. GILBERT** **925.468.1950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #