


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90101 037 ***150.00

DOCUMENT # F04000001760 1. Entity Name SAXON FUNDING MANAGEMENT, INC.					
Principal Place of Business 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060			Mailing Address 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0870693				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CEO SAWYER, MICHAEL L. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOWE, DENNIS G 4708 MERCANTILE DRIVE FT. WORTH, TX 76137	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, BRADLEY D 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO EASTEP, ROBERT B 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETTITT, CARRIE 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEBASTIAN, JENNIFER 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO/P SAWYER, MICHAEL L. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ADAMS, BRADLEY D. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/CFO EASTEP, ROBERT B. 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/C PETTITT, CARRIE 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T SEBASTIAN, JENNIFER 4860 COX ROAD, SUITE 300 GLEN ALLEN, VA 23060	<input checked="" 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: <u>Joyce T. Collins</u> / <u>Joyce T. Collins</u> 3/31/05 (804) 967-7061					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					