2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

DOCUMENT# F04000001760

Entity Name: SAXON FUNDING MANAGEMENT, INC.

Current Principal Place of Business:

4860 COX ROAD, SUITE 300
GLEN ALLEN, VA 23060

New Principal Place of Business:

4840 COX ROAD, SUITE 300
GLEN ALLEN, VA 23060

Current Mailing Address:

4860 COX ROAD, SUITE 300
GLEN ALLEN, VA 23060

New Mailing Address:

4840 COX ROAD, SUITE 300
GLEN ALLEN, VA 23060

FEI Number: 20-0870693 **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: CEO ( ) Delete
Name: SAWYER, MICHAEL L
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

Title: PDCE ( ) Delete
Name: SAWYER, MICHAEL L
Address: 4860 COX RD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

Title: EVP ( ) Delete
Name: ADAMS, BRADLEY D
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

Title: DEVP ( ) Delete
Name: EASTEP, ROBERT B
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPC ( ) Delete
Name: PETTITT, CARRIE
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPT ( ) Delete
Name: SEBASTIAN, JENNIFER
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVP (X) Change ( ) Addition
Name: COLLINS, JOYCE T
Address: 4860 COX ROAD, SUITE 300
City-St-Zip: GLEN ALLEN, VA 23060

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 Chapter 119, 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: JOYCE T COLLINS AVP 03/14/2006
Electronic Signature of Signing Officer or Director Date