


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0400006126 1. Entity Name DEUTSCHE BANK MORTGAGE SERVICES, INC.	
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED
05 AUG 25 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50062731

Principal Place of Business ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108	Mailing Address ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108
----------------------------------------------------------------------------------	----------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

07052005 Chg-P CR2E034 (10/03)

City & State	City & State
--------------	--------------

4. FEI Number 20-1511602	Applied For Not Applicable
-----------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
----------------------------------------------------------------------------------	-----------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASEO DONOVAN, PETER ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO REESE, ALAN ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <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	TV VICKERY, STEVEN ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vickery, Stephen E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, ELLEN ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <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	V MILLS, CAROL ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <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	S STRAUSSE, JAY F ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strauss Jay F. 60 Wall Street, 36th Floor New York, NY 10005 <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: Stephen E. Vickery 8/25/05 617-574-8345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

50062731

F04000006126

Additional List of Officers and Directors for Deutsche Bank Mortgage Services, Inc.

Assistant Secretary

Olsen, Sonja K.

60 Wall Street, 40th Floor

New York, NY 10005

Assistant Secretary

West, Sandra L.

60 Wall Street, 40th Floor

New York, NY 10005

Assistant Secretary

Wilhelm, James O.

60 Wall Street, 40th Floor

New York, NY 10005

Director

Vaccaro, Jon

60 Wall Street, 10th Floor

New York, NY 10005

Director

Lehocky, Jeffrey

60 Wall Street, 29th Floor

New York, NY 10005

Director

Burns, Robert D.

60 Wall Street, 10th Floor

New York, NY 10005

Director

Ferguson, Richard W.

60 Wall Street, 40th Floor

New York, NY 10005

Director

Cobb, Tobin

60 Wall Street, 40th Floor

New York, NY 10005