

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006291

FILED  
May 02, 2005  
Secretary of State

Entity Name: WILMINGTON MORTGAGE SERVICES, INC.

## Current Principal Place of Business:

2126 WEST NEWPORT PIKE, SUITE 200  
WILMINGTON, DE 19804

## New Principal Place of Business:

2126 WEST NEWPORT PIKE  
SUITE 200  
WILMINGTON, DE 19804

## Current Mailing Address:

2126 WEST NEWPORT PIKE, SUITE 200  
WILMINGTON, DE 19804

## New Mailing Address:

2126 WEST NEWPORT PIKE  
SUITE 200  
WILMINGTON, DE 19804

FEI Number: 51-0368435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FASICK, STEVEN R  
Address: 2126 WEST NEWPORT PIKE, SUITE 200  
City-St-Zip: WILMINGTON, DE 19804

Title: V ( ) Delete  
Name: MAMOLEY, LESLIE  
Address: 2126 WEST NEWPORT PIKE, SUITE 200  
City-St-Zip: WILMINGTON, DE 19804

Title: ST ( ) Delete  
Name: NICE, SUSAN M  
Address: 2126 WEST NEWPORT PIKE, SUITE 200  
City-St-Zip: WILMINGTON, DE 19804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: MAHONEY, LESLIE  
Address: 2126 WEST NEWPORT PIKE, SUITE 200  
City-St-Zip: WILMINGTON, DE 19804

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: LESLIE MAHONEY

V

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date