

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006369

FILED
Mar 25, 2008
Secretary of State

Entity Name: PARAMOUNT INVESTMENT MORTGAGE CORPORATION

Current Principal Place of Business:

9100 KEYSTONE CROSSING
SUITE 800
INDIANAPOLIS, IN 46240

New Principal Place of Business:

Current Mailing Address:

9100 KEYSTONE CROSSING
SUITE 800
INDIANAPOLIS, IN 46240

New Mailing Address:

FEI Number: 35-2149334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS INC.
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303 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: PCD () Delete
Name: AVRY, JOE
Address: 9100 KEYSTONE CROSSING, SUITE 800
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VSD () Delete
Name: COLLIER, BRIAN
Address: 9100 KEYSTONE CROSSING, SUITE 800
City-St-Zip: INDIANAPOLIS, IN 46240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BRIAN COLLIER

VP

03/25/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date