

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003044

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: FC MORTGAGE CORPORATION

**Current Principal Place of Business:**

23-P WHITES PATH  
SOUTH YARMOUTH, MA 02664

**New Principal Place of Business:**

**Current Mailing Address:**

59 RIVERVIEW ROAD  
GLASTONBURY, CT 06033

**New Mailing Address:**

FEI Number: 04-3358010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAVELLE, PETER W  
C/O GTI  
8050 NORTH TAMiami TRAIL, BOX 14  
SARASOTA, FL 34243 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: PD ( ) Delete  
Name: LIPES, JEFFREY R  
Address: 59 RIVERVIEW ROAD  
City-St-Zip: GLASTONBURY, CT 06033

Title: TD ( ) Delete  
Name: GRAVELLE, PETER W  
Address: 5613 CAPE LEYTE DRIVE  
City-St-Zip: GLASTONBURY, CT 06033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: GRAVELLE, PETER W  
Address: 5613 CAPE LEYTE DRIVE  
City-St-Zip: SARASOTA, FL 34242

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: JEFFREY R. LIPES

PD

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date