2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001605

Entity Name: BRADFORD MORTGAGE COMPANY OF NORTH CAROLINA

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: 100 N CHERRY STREET SUITE 400 WINSTON-SALEM, NC 27101				cipal Place of Business:	
Current Mailing Address: 100 N CHERRY STREET SUITE 400			New Maili	ing Address:	
	SALEM, NC				
FEI Number:	20-5251958	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SER\ 2731 EXEC WESTON,	UTIVE PARK	DR., STE 4 US			
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.					
SIGNATUR	E:				
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	HOUGHT, MICH	OD ROAD ST 100	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HOUGHT, MICHAEL 3288 ROBINHOOD ROAD ST 100 WINSTON-SALEM, NC 27106	
Title: Name: Address: City-St-Zip:	HOUGH, BEN	Delete OD ROAD ST 100 EM, NC 27101	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HOUGH, BEN 3288 ROBINHOOD ROAD ST 100 WINSTON-SALEM, NC 27106	
Title: Name: Address: City-St-Zip:	STEELE, KEN	Delete OD ROAD ST 100 26106	Title: Name: Address: City-St-Zip:	DCFO (X) Change () Addition STEELE, KEN 3288 ROBINHOOD ROAD ST 100 WINSTON, FL 27106	
Title: Name: Address: City-St-Zip:	DCEO () LARD, KEN 100 N CHERRY WINSTON-SAL	STREET SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHURCH, BRAI	STREET SUITE 400	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: CONNIE PINER SVP 03/17/2008