

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90254 017 ***150.00

DOCUMENT # F93000004646			
1. Entity Name COUNTRYWIDE CAPITAL MARKETS, INC.			
Principal Place of Business 4500 PARK GRANADA CALABASAS, CA 91302		Mailing Address 26745 MALIBU HILLS RD. MH-11 CALABASAS HILLS, CA 91301	
2. Principal Place of Business		3. Mailing Address 5220 Las Virgenes Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. AC-11	
City & State		City & State Calabasas, CA	
Zip	Country	Zip	Country
		91302	USA
6. Name and Address of Current Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST SSTE 105 TALLAHASSEE, FL 32301			
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)			
Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, DAVID	NAME	
STREET ADDRESS	4500 PARK GRANADA	STREET ADDRESS	
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIPALANI, RANJIT	NAME	
STREET ADDRESS	4500 PARK GRANADA	STREET ADDRESS	
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURLAND, STANFORD L	NAME	
STREET ADDRESS	6005 WULLIAM BENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	HIDDEN HILLS, CA 91302	CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIVELY, STEVEN	NAME	
STREET ADDRESS	4500 PARK GRANADA	STREET ADDRESS	
CITY-ST-ZIP	CALABASAS, CA 91302	CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBOL, DAVID N	NAME	
STREET ADDRESS	4500 PARK GRANADA	STREET ADDRESS	
CITY-ST-ZIP	HIDDEN HILLS, CA 91302	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Teresa C. Palma</i>		Teresa C. Palma	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		04/27/04	
		(818) 871-4879	
		Daytime Phone #	

