


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000002333 1. Entity Name VANDERBILT MORTGAGE AND FINANCE, INC.	
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Principal Place of Business 500 ALCOA TRAIL MARYVILLE, TN 37804 US	Mailing Address P.O. BOX 4098 MARYVILLE, TN 37802 US
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DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0997810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN00000619422
02/08/07-80072-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, PAUL 500 ALCOA TRAIL MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUPACS, AMBER 500 ALCOA TRAIL MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, RICH 500 ALCOA TRAIL MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD JORDAN, DAVID 500 ALCOA TRAIL MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Judith W. Jordan* *Amber Krupacs* *2/1/07* *865 380 3000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #