

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90015 006 ***550.00

DOCUMENT # F95000006126					
1. Entity Name REILLY MORTGAGE GROUP, INC.					
Principal Place of Business 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102			Mailing Address 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102		
2. Principal Place of Business - No P.O. Box # 890 CLINTON SQUARE Suite, Apt. #, etc.		3. Mailing Address 890 CLINTON SQUARE Suite, Apt. #, etc.			
City & State ROCHESTER, NY		City & State ROCHESTER, NY		4. FEI Number 52-1056190	
Zip 14604		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZYDLOWSKI, THOMAS C CEO 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR ARTHUR A. BOSNELL 890 CLINTON SQUARE ROCHESTER, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SOMMERS, GALE F SVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD A. MILLER 890 CLINTON SQUARE ROCHESTER, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEATS, CHRISTOPHER L 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HARRY F. MARTIN 890 CLINTON SQUARE ROCHESTER, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FITZGERALD, MAUREEN SVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / SECRETARY DANIEL F. WAY 890 CLINTON SQUARE ROCHESTER, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AQUILINO, MICHAEL A EVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEATS, LAMAR SVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			DANIEL F. WAY TREASURER / SECRETARY 7/11/07 (585) 325-8880		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		