

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-16-2007 90015 005 \*\*\*550.00

DOCUMENT # F95000006127

1. Entity Name  
REILLY MORTGAGE CAPITAL CORPORATION



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.



07112007 Chg-P CR2E034 (12/06)

City & State  
ROCHESTER, NY  
Zip 14604 Country USA

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ROCHESTER, NY  
Zip 14604 Country USA

4. FEI Number  
54-1548883  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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	VTS SOMMERS, GALE F SVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEATS, CHRISTOPHER L SVP 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete
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	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	V SEATS, LAMAR 2010 CORPORATE RIDGE, SUITE 1000 MCLEAN, VA 22102	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR ARTHUR A. COSABELL 890 CLINTON SQUARE ROCHESTER, NY 14604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	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	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*

DANIEL F. WAY TREASURER/SECRETARY 7/11/07 (585)325-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #