

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90102 032 ***150.00



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1. Entity Name
FIELDSTONE MORTGAGE COMPANY

Principal Place of Business
**11000 BROKEN LAND PKWY
 STE 600
 COLUMBIA, MD 21044 US**

Mailing Address
**11000 BROKEN LAND PKY
 STE 600
 COLUMBIA, MD 21044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004 Chg-P CR2E034 (10/03)



4. FEI Number

52-1926633

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 \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PD** Delete
 NAME: **SONNENFELD, MICHAEL J**
 STREET ADDRESS: **11000 BROKEN LAND PKY- STE 600**
 CITY-ST-ZIP: **COLUMBIA, MD 21044**

TITLE: **CEOD** Delete
 NAME: **HERBERT, CARREL**
 STREET ADDRESS: **9311 SAN PEDRO- STE 1030**
 CITY-ST-ZIP: **SAN ANTONIO, TX 78216**

TITLE: **VST** Delete
 NAME: **MONOHAN, PATRICIA**
 STREET ADDRESS: **11000 BROKEN LAND PKY- STE 600**
 CITY-ST-ZIP: **COLUMBIA, MD 21044**

TITLE: **SRVP** Delete
 NAME: **UCHINO, GARY**
 STREET ADDRESS: **11000 BROKEN LAND PKY- STE 600**
 CITY-ST-ZIP: **COLUMBIA, MD 21044**

TITLE: **VP** Delete
 NAME: **SLACK, DIANE**
 STREET ADDRESS: **11000 BROKEN LAND PKY- STE 600**
 CITY-ST-ZIP: **COLUMBIA, MD 21044**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SRVP/Gen. Counsel/Secretary** Change Addition
 NAME: **Cynthia Harkness**
 STREET ADDRESS: **11000 Broken Land Parkway, Suite 600**
 CITY-ST-ZIP: **Columbia, MD 21044**

TITLE: **SRVP/Treasurer** Change Addition
 NAME: **Mark Krebs**
 STREET ADDRESS: **11000 Broken Land Parkway, Suite 600**
 CITY-ST-ZIP: **Columbia, MD 21044**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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:

SIGNATURE AND TYPED, APPOINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/19/2004

Date

410-772-7200

Daytime Phone #