


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90148 024 \*\*\*150.00

<b>DOCUMENT # F9600000316</b>					
1. Entity Name <b>FIELDSTONE MORTGAGE COMPANY</b>					
Principal Place of Business <b>11000 BROKEN LAND PKWY STE 600 COLUMBIA, MD 21044 US</b>		Mailing Address <b>11000 BROKEN LAND PKY STE 600 COLUMBIA, MD 21044</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-1926633</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONNENFELD, MICHAEL J 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael J. Sonnenfeld 11000 Broken Land Parkway, Suite 600 Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP HARKNESS, CYNTHIA 11000 BROKEN LAND PKWY, SUITE 600 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP/General Counsel/Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cynthia L. Harkness 11000 Broken Land Parkway, Suite 600 Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREBS, MARK 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark C. Krebs 11000 Broken Land Parkway, Suite 600 Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP UCHINO, GARY 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP Risk Mgmt/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary K. Uchino 11000 Broken Land Parkway, Suite 600 Columbia, MD 21044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete SLACK, DIANE 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Wholesale Division/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James T. Hagan Jr. Director 11000 Broken Land Parkway, Suite 600 Columbia, MD 21044		
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: _____		- Cynthia L. Harkness		410-772-7200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

20029477



03282005 Chg-P CR2E034 (10/03)

# ATTACHMENT

Attachment  
2005 For Profit Corporation Annual Report  
Fieldstone Mortgage Company

20029477  
# 596000000316

## Item 11– Senior Officer and Director List

<b>Michael J. Sonnenfeld</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>CEO/President/Director</b>
<b>Robert G. Partlow</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President/CFO/Asst. Secretary/Director</b>
<b>James T. Hagan, Jr.</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Executive Vice President Wholesale Division/Director</b>
<b>Walter P. Buczynski</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Executive VP Secondary Market/Asst. Sec./Director</b>
<b>Cynthia L. Harkness</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President/General Counsel/Secretary</b>
<b>Mark C. Krebs</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President/Treasurer</b>
<b>John C. Camp IV</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President Systems and Facilities/CIO</b>
<b>Teresa A. McDermott</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President/Controller/Assistant Secretary</b>
<b>Gary K. Uchino</b> 11000 Broken Land Parkway Suite 600 Columbia, MD 21044	<b>Senior Vice President Risk Management/CCO</b>