




**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

400 -

<b>DOCUMENT # F96000000316</b>				04-24-2007 90005 011 ***150.00	
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>04062007 Chg-P CR2E034 (12/06)</b>	
City & State		City & State		4. FEI Number <b>52-1926633</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent	
				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, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. See Attached OFFICERS AND DIRECTORS			11. See Attached ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO <input type="checkbox"/> Delete NAME SONNENFELD, MICHAEL J STREET ADDRESS 11000 BROKEN LAND PKY- STE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SVP <input checked="" type="checkbox"/> Delete NAME HARKNESS, CYNTHIA STREET ADDRESS 11000 BROKEN LAND PKWY, SUITE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SVT <input type="checkbox"/> Delete NAME KREBS, MARK STREET ADDRESS 11000 BROKEN LAND PKY- STE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SVP <input type="checkbox"/> Delete NAME UCHINO, GARY STREET ADDRESS 11000 BROKEN LAND PKY- STE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE EVP <input type="checkbox"/> Delete NAME HAGEN, JAMES T JR STREET ADDRESS 11000 BROKEN LAND PKY- STE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE EVP <input type="checkbox"/> Delete NAME KISNADWALA, NAYAN V STREET ADDRESS 11000 BROKEN LAND PKWY SUITE 600 CITY-ST-ZIP COLUMBIA, MD 21044			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>4/23/07 410-772-7200</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____					

ATTACHMENT

40078766  
# F96000000316

**Attachment**  
**Florida Profit Corporation Annual Report**  
**Fieldstone Mortgage Company**

**Item 10 & 11**

**Michael J. Sonnenfeld**

Title: CEO/President/Director

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Nayan V. Kisnadwala**

Title: Executive Vice President/CFO/Director

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**James T. Hagan, Jr.**

Title: Executive Vice President Wholesale Division/Director

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Walter P. Buczynski**

Title: Executive Vice President/Assistant Secretary/Director

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Mark C. Krebs**

Title: Senior Vice President/Treasurer

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**John C. Camp IV**

Title: Senior Vice President Systems and Facilities/CIO

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Teresa A. McDermott**

Title: Senior Vice President/Controller/Asst. Sec.

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Gary K. Uchino**

Title: Senior Vice President Risk Management/CCO

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Thomas M. Gillen**

Title: Senior Vice President – Secondary Market

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Timothy B. Ferriter**

Title: Senior Vice President – Decision Support

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044

**Andrew C. Goresh**

Title: Senior Vice President – Human Resources

Business Address: 11000 Broken Land Parkway, Suite 600, Columbia, MD 21044