


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90026 041 ***150.00

DOCUMENT # F9600000316			
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 - No P.O. Box # 11000 Broken Land Parkway		3. Mailing Address 11000 Broken Land Parkway	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900	
City & State Columbia, MD		City & State Columbia, MD	
Zip 21044	Country US	Zip 21044	Country US
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

60023310



04092008 Chg-P CR2E034 (12/06)

4. FEI Number
52-1926633

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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	PCEO SONNENFELD, MICHAEL J 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Michael J. Sonnenfeld 11000 Broken Land Parkway, Suite 900 Columbia, MD 21044 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT KREBS, MARK 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPIAS Teresa A. McDermott 11000 Broken Land Parkway, Suite 900 Columbia, MD 21044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP UCHINO, GARY 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP John C. Camp, IV 11000 Broken Land Parkway, Suite 900 Columbia, MD 21044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAGEN, JAMES T JR 11000 BROKEN LAND PKY- STE 600 COLUMBIA, MD 21044 <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	EVP KISNADWALA, NAYAN V 11000 BROKEN LAND PKWY SUITE 600 COLUMBIA, MD 21044 <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	<input 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:  **Teresa A. McDermott** **4/10/2008** **410-772-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #