

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90061 027 \*\*\*158.75

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| <b>DOCUMENT # F96000003038</b><br>1. Entity Name<br><b>LONG BEACH MORTGAGE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Principal Place of Business<br><b>1100 TOWN &amp; COUNTRY RD<br/>SUITE 1600<br/>ORANGE, CA 92868 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                        | Mailing Address<br><b>1201 3RD AVE<br/>WMT 1703<br/>SEATTLE, WA 98101 US</b>                                                         |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |     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| 2. Principal Place of Business<br><b>1400 S. Douglass Road</b><br>Suite, Apt. #, etc.<br><b>Suite 100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | 3. Mailing Address<br><b>1201 3rd Ave., WMT1706</b><br>Suite, Apt. #, etc.                                             |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |   |                                                                              |      |               |  |                |                         |  |             |                          |  |       |   |                                                                              |      |            |  |                |                           |  |             |                    |  |       |   |                                                                              |      |                  |  |                |                                 |  |             |                      |  |
| City & State<br><b>Anaheim, CA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State<br><b>Seattle, WA</b>                                                                                     |                                                                                                                                      | 4. FEI Number<br><b>33-0703444</b>                                                                         |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |   |                                                                              |      |               |  |                |                         |  |             |                          |  |       |   |                                                                              |      |            |  |                |                           |  |             |                    |  |       |   |                                                                              |      |                  |  |                |                                 |  |             |                      |  |
| Zip<br><b>92806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Country<br><b>US</b>                                                                                                   |                                                                                                                                      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |   |                                                                              |      |               |  |                |                         |  |             |                          |  |       |   |                                                                              |      |            |  |                |                           |  |             |                    |  |       |   |                                                                              |      |                  |  |                |                                 |  |             |                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |   |                                                                              |      |               |  |                |                         |  |             |                          |  |       |   |                                                                              |      |            |  |                |                           |  |             |                    |  |       |   |                                                                              |      |                  |  |                |                                 |  |             |                      |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CRAIG, DAVIS S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 3RD AVE WMT 1601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEATTLE, WA 98101</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ADAMS, CAROLYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 3RD AVE WMT 1706</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEATTLE, WA 98101</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PROCTOR, ELIZABETH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 3RD AVE WMT 1706</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEATTLE, WA 98101</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KULA, MICHAEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 3RD AVE WMT 1601</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEATTLE, WA 98101</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARENS, STACEY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17838 GILLETTE AVE 2ND FLOOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVINE, CA 92614</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARENS, STACEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17875 VON KARMAN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>IRVINE, CA 92614</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Troy Gotschall</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 E. Main, 4th Flr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Stockton, CA 95290</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Edwin Ashurst</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>739 Tallahassee Dr. #NE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Petersburg, FL 33702</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>David Beck</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>623 Fifth Ave., 17th Flr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New York, NY 10022</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Delphie Condensa</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1300 E. Woodfield Rd., 6th Flr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Schaumburg, IL 60173</td> <td></td> </tr> </table> </div> </div> |                                 |                                                                                                                        |                                                                                                                                      |                                                                                                            |  | TITLE | PD | <input checked="" type="checkbox"/> Delete | NAME | CRAIG, DAVIS S |  | STREET ADDRESS | 1201 3RD AVE WMT 1601 |  | CITY-ST-ZIP | SEATTLE, WA 98101 |  | TITLE | V S | <input type="checkbox"/> Delete | NAME | ADAMS, CAROLYN |  | STREET ADDRESS | 1201 3RD AVE WMT 1706 |  | CITY-ST-ZIP | SEATTLE, WA 98101 |  | TITLE | AS | <input type="checkbox"/> Delete | NAME | PROCTOR, ELIZABETH A |  | STREET ADDRESS | 1201 3RD AVE WMT 1706 |  | CITY-ST-ZIP | SEATTLE, WA 98101 |  | TITLE | V | <input checked="" type="checkbox"/> Delete | NAME | KULA, MICHAEL J |  | STREET ADDRESS | 1201 3RD AVE WMT 1601 |  | CITY-ST-ZIP | SEATTLE, WA 98101 |  | TITLE | VD | <input checked="" type="checkbox"/> Delete | NAME | ARENS, STACEY D |  | STREET ADDRESS | 17838 GILLETTE AVE 2ND FLOOR |  | CITY-ST-ZIP | IRVINE, CA 92614 |  | TITLE | VD | <input checked="" type="checkbox"/> Delete | NAME | ARENS, STACEY |  | STREET ADDRESS | 17875 VON KARMAN |  | CITY-ST-ZIP | IRVINE, CA 92614 |  | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Troy Gotschall |  | STREET ADDRESS | 400 E. Main, 4th Flr. |  | CITY-ST-ZIP | Stockton, CA 95290 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Edwin Ashurst |  | STREET ADDRESS | 739 Tallahassee Dr. #NE |  | CITY-ST-ZIP | St. Petersburg, FL 33702 |  | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | David Beck |  | STREET ADDRESS | 623 Fifth Ave., 17th Flr. |  | CITY-ST-ZIP | New York, NY 10022 |  | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Delphie Condensa |  | STREET ADDRESS | 1300 E. Woodfield Rd., 6th Flr. |  | CITY-ST-ZIP | Schaumburg, IL 60173 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 623 Fifth Ave., 17th Flr.       |                                                                                                                        |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |     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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New York, NY 10022              |                                                                                                                        |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |     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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Delphie Condensa                |                                                                                                                        |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |     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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1300 E. Woodfield Rd., 6th Flr. |                                                                                                                        |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |  |                                                                   |      |  |  |                |  |  |             |  |  |       |   |                                                                              |      |               |  |                |                         |  |             |                          |  |       |   |                                                                              |      |            |  |                |                           |  |             |                    |  |       |   |                                                                              |      |                  |  |                |                                 |  |             |                      |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Schaumburg, IL 60173            |                                                                                                                        |                                                                                                                                      |                                                                                                            |  |       |    |                                            |      |                |  |                |                       |  |             |                   |  |       |     |                                 |      |                |  |                |                       |  |             |                   |  |       |    |                                 |      |                      |  |                |                       |  |             |                   |  |       |   |                                            |      |                 |  |                |                       |  |             |                   |  |       |    |                                            |      |                 |  |                |                              |  |             |                  |  |       |    |                                            |      |               |  |                |                  |  |             |                  |  |       |   |                                                                              |      |                |  |                |                       |  |             |                    |  |     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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>SIGNATURE:</b> <u>Elizabeth A. Proctor</u> Elizabeth A. Proctor <span style="float: right;">4/20/04 (206) 461-8998</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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# Attachments

Entity Name:  
Document #:

Long Beach Mortgage Company  
F96000003038

## Attachment to Florida Annual Report

### Section 11 Additional Officers:

Craig J. Chapman  
*Chief Executive Officer*  
1201 3<sup>rd</sup> Ave., WMT1601  
Seattle, WA 98101

Edward S. Robertson  
*Chief Financial Officer*  
1301 5<sup>th</sup> Ave., RBB1445  
Seattle, WA 98101

Thomas W. Casey  
*Executive Vice President*  
1201 3<sup>rd</sup> Ave., WMT1601  
Seattle, WA 98101

Michael J. Giampaolo  
*Executive Vice President,  
Chief Operating Officer*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Megan Davidson  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT0512  
Seattle, WA 98101

James R. Guerin  
*Senior Vice President*  
19850 Plummer St., #070207  
Chatsworth, CA 991311

Keith Johnson  
*Senior Vice President*  
1301 5<sup>th</sup> Ave., RBB1310  
Seattle, WA 98101]

Dianne L. Kelleher  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT0511  
Seattle, WA 98101

Stephen Lobo  
*Senior Vice President, Treasurer*  
1201 3<sup>rd</sup> Ave., WMT1601  
Seattle, WA 98101

Anthony Mango  
*Senior Vice President*  
7887 East Belleview Ave., Ste. 7  
Greenwood Village, CO 80111

Robert H. Miles  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT1501  
Seattle, WA 98101

Patricia Schulte  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT0511  
Seattle, WA 98101

Darcy L. Stringham-Madrid  
*Senior Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Jay A. Weisbrod  
*Senior Vice President*  
6160 Stoneridge Mall Rd., Ste. 3  
Pleasanton, CA 94588

Gabriel Barroso  
*First Vice President*  
19850 Plummer St., N070205  
Chatsworth, CA 91311

Linda J. "Jodi" Brown-Kerns  
*First Vice President*  
9601 McAllister Freeway, 0901SATX  
San Antonio, TX 78216

George Cooksey  
*First Vice President*  
9451 Corbin Ave., N010207  
Northridge, CA 91324

Richard Fisher  
*First Vice President*  
1301 5<sup>th</sup> Ave., RBB1310  
Seattle, WA .98101

Ron Flynn  
*First Vice President*  
1201 3<sup>rd</sup> Ave., WMT0642  
Seattle, WA 98101

James A. Ford  
*First Vice President*  
578 Heyward Cir.  
Marietta, GA 30064

Todd Greer  
*First Vice President*  
1400 S. Douglass Rd., Ste. 100  
Anaheim, CA 92806

Attachment

Entity Name:

Long Beach Mortgage Company

Document #:

F96000003038

Attachment to Florida  
Annual Report (Cont.)

Officers (Cont.):

Rudy Delgado  
*Vice President*  
2745 N. Dallas Parkway, Ste. 100  
Plano, TX 75093

Diana F. DiPronio  
*Vice President*  
5100 W. Lemon St., Ste. 109  
Tampa, FL 33609

Mark E. Dyson  
*Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Marc Evan Fisher  
*Vice President*  
1501 4<sup>th</sup> Ave.  
Seattle, WA 98101

Michelle Fogerty  
*Vice President*  
1201 3<sup>rd</sup> Ave., WMT0511  
Seattle, WA 98101

William R. Gress  
*Vice President*  
1105 Schrock, Ste. 130  
Columbus, OH 43229

James Gurren  
*Vice President*  
8883 W. Flamingo Rd., Ste. 101  
Las Vegas, NV 89147

Rosalind M. Gutierrez  
*Vice President*  
7887 East Belleview Ave., Ste. 725  
Greenwood Village, CO 80111

Terry Hegburg  
*Vice President*  
99 Derby St., Ste. 201  
Hingham, MA 02043

Wade Hershley  
*Vice President*  
3300 Edinborough Way, Ste. 206  
Minneapolis, MN 55435

Cassandra "Cassie" Inouye  
*Vice President*  
9451 Corbin Ave., N010204  
Northridge, CA 91324

Matthew Kobin  
*Vice President*  
9451 Corbin Ave., N010201  
Northridge, CA 91324

Jon Koelling  
*Vice President*  
75 N. Fairway Dr.  
Vernon Hills, IL 60061

Thomas P. Kowick  
*Vice President*  
1333 Main St., 6<sup>th</sup> Flr.  
Columbia, SC 29211

John Mac Lean  
*Vice President*  
19850 Plummer St., N070205  
Chatsworth, CA 91311

Anthony B. Maddalon  
*Vice President*  
1190 South Bascom Ave., Ste. 111  
San Jose, CA 95128

Tai Mamea  
*Vice President*  
400 E. Main St., 4<sup>th</sup> Flr.  
Stockton, CA 95290

Lisa Marlott  
*Vice President*  
One East Broward Blvd., Ste. 1430  
Ft. Lauderdale, FL 33301

Vernon F. McDaniell  
*Vice President*  
7255 Baymeadows Way  
Jacksonville, FL 32256

Kenneth C. McMullen  
*Vice President*  
1201 3<sup>rd</sup> Ave., WMT0511  
Seattle, WA 98101

Noel F. McNally  
*Vice President*  
9451 Corbin Ave., N010204  
Northridge, CA 91324

Attachment

Entity Name:  
Document #:

Long Beach Mortgage Company  
F96000003038

Attachment to Florida  
Annual Report (Cont.)

Officers (Cont.):

Anthony Evans  
*Assistant Vice President*  
9451 Corbin Ave.  
Northridge, CA 91324

Phil Falck  
*Assistant Vice President*  
1401 2<sup>nd</sup> Ave., SSC0153  
Seattle, WA 98101

Anitra T. Farrar  
*Assistant Vice President*  
9601 McAllister Freeway, 0502SATX  
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Dean R. Ferrin  
*Assistant Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Joyce A. Feuerbacher  
*Assistant Vice President*  
9601 McAllister Freeway, 0502SATX  
San Antonio, TX 78216

Connie L. Gallup  
*Assistant Vice President*  
7301 Baymeadows Highway  
Jacksonville, FL 32256

Cora Guinto  
*Assistant Vice President*  
19850 Plummer St., N070205  
Chatsworth, CA 91311

Terri Harrison  
*Assistant Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Laurence W. Holden  
*Assistant Vice President*  
1201 3<sup>rd</sup> Ave., WMT0511  
Seattle, WA 98101

Lisa Jimenez  
*Assistant Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Virginia "Jean" Johnston  
*Assistant Vice President*  
19900 Plummer St., N180104  
Chatsworth, CA 91311

Raul Lopez  
*Assistant Vice President*  
7887 E. Bellevue Ave., Ste. 725  
Greenwood Village, CO 80111

Mary Nevarez  
*Assistant Vice President*  
19850 Plummer St., N070205  
Chatsworth, CA 91311

Maureen O'Reilly  
*Assistant Vice President*  
9451 Corbin Ave., N010201  
Northridge, CA 91324

Cheryl R. Pakulak  
*Assistant Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Devendra N. Patel  
*Assistant Vice President*  
1400 S. Douglass Road, Suite 100  
Anaheim, CA 92806

Heather Ann Potee  
*Assistant Vice President*  
9451 Corbin Ave.  
Northridge, CA 91324

Ramon Retirado  
*Assistant Vice President*  
19900 Plummer St., N180104  
Chatsworth, CA 91311

Mary S. Reyes  
*Assistant Vice President*  
540 E. Main, STB1LNR  
Stockton, CA 94290

Mamie Reynoso  
*Assistant Vice President*  
2745 N. Dallas Pkway, Ste. 100  
Plano, TX 75093

Kevin Shanman  
*Assistant Vice President*  
15 Prospect St., Ste. A  
Paramus, NJ 07652

*Attachment*

Entity Name:  
Document #:

Long Beach Mortgage Company  
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Attachment to Florida  
Annual Report (Cont.)

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