

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000006362

1. Entity Name
MORTGAGE LENDERS NETWORK USA, INC.



Principal Place of Business
213 COURT STREET
11TH FLOOR
MIDDLETOWN, CT 06457 US

Mailing Address
213 COURT STREET
11TH FLOOR
MIDDLETOWN, CT 06457 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1467394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESQ
825 THOMASVILLE RD
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS HEFFERNAN, MITCHELL L 2C NORTH SLOB ST. CROIX, VI 00820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERGE, RANDAL S 30 SUMMERBERRY CIRCLE BRISTOL, CT 06010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLEARCEK, STEVEN F 16 OLDE FARMS RD ELLINGTON, CT 000259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V PEDRICK, JAMES E 7 JOSHUA LANE LYME, CT 06371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000341053
04/28/05-80141-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven F Olearcek, VP/Corporate Counsel 25 Apr 2005 (860) 704-6235

Date

Daytime Phone #