


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90001 039 \*\*\*150.00

<b>DOCUMENT # F98000000432</b>					
1. Entity Name <b>BOMBARDIER CAPITAL MORTGAGE SECURITIZATION CORPORATION</b>					
Principal Place of Business <b>261 MOUNTAIN VIEW DRIVE COLCHESTER, VT 05446</b>			Mailing Address <b>12735 GRAN BAY PKWY WEST STE 1000 JACKSONVILLE, FL 32258</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>03-0355080</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURNS, KEVIN P</b>	NAME			
STREET ADDRESS	<b>445 BROAD HOLLOW RD STE 239</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MELVILLE, NY 11747</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOWARD, LAURENCE W III</b>	NAME			
STREET ADDRESS	<b>12735 GRAN BAY PKWY W STE 1000</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32258</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BOUCHER, MARK</b>	NAME	<b>Treasurer</b>		
STREET ADDRESS	<b>261 MOUNTAIN VIEW DR</b>	STREET ADDRESS	<b>Lanz, John C.</b>		
CITY-ST-ZIP	<b>COLCHESTER, VT 05446</b>	CITY-ST-ZIP	<b>261 Mountain View Drive</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PETERS, BRIAN F</b>	NAME			
STREET ADDRESS	<b>12850 GRAN BAY PARKWAY, W, BLDG 100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32258</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>CARNEY, VAUGHN A</b>	NAME	<b>Secretary</b>		
STREET ADDRESS	<b>261 MOUNTAIN VIEW DR</b>	STREET ADDRESS	<b>Demas, George N.</b>		
CITY-ST-ZIP	<b>COLCHESTER, VT 05446</b>	CITY-ST-ZIP	<b>261 Mountain View Drive</b>		
TITLE	<b>DP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ASSELL, LAWRENCE F</b>	NAME			
STREET ADDRESS	<b>261 MOUNTAIN VIEW DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>COLCHESTER, VT 05446</b>	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>George N. Demas</u>		Date: <u>3 130 104</u>		Daytime Phone #: <u>(802) 654-8100</u>	