

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000432

FILED
Apr 22, 2008
Secretary of State

Entity Name: BOMBARDIER CAPITAL MORTGAGE SECURITIZATION CORPORATION

Current Principal Place of Business:

261 MOUNTAIN VIEW DRIVE
COLCHESTER, VT 05446

New Principal Place of Business:

Current Mailing Address:

261 MOUNTAIN VIEW DRIVE
COLCHESTER, VT 05446

New Mailing Address:

FEI Number: 03-0355080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURNS, KEVIN P
Address: 445 BROAD HOLLOW RD STE 239
City-St-Zip: MELVILLE, NY 11747

Title: DS () Delete
Name: PARK, RICHARD
Address: 261 MOUNTAIN VIEW DRIVE
City-St-Zip: COLCHESTER, VT 05446

Title: T () Delete
Name: MARCOVECCHIO, TONY
Address: P.O. BOX 6087, STATION CENTRE VILL
City-St-Zip: MONTREAL, QC H3C3G9 CD

Title: DP () Delete
Name: THIBAUT, FRANCOIS
Address: 400 COTE VERTU ROAD WEST
City-St-Zip: DORVAL, QC H4S1Y9 CD

Title: D () Delete
Name: WOODARD, DAMIAN
Address: 261 MOUNTAIN VIEW DR
City-St-Zip: COLCHESTER, VT 05446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIAN WOODARD

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date