2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002688

1. Entity Name CARTERET MORTGAGE CORPORATION



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

6211 CENTREVILLE ROAD

SUITE 800

CENTREVILLE, VA 20121-2635

Mailing Address

6211 CENTREVILLE ROAD

SUITE 800

CENTREVILLE, VA 20121-2635



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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1763567

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

DO NOT WRITE

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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: Reg	distered Agent signature required when reinstating)	DATE						
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 9. Election Campaign Frust Fund Contribute		·						
10.	OFFICERS AND DIRECTORS	विभिन्ना । विद्यासम्बद्धाः अर्थाना विद्या	The state of the s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST WEINSTEIN, ERIC 6211 CENTREVILLE ROAD, SUITE 800 CENTREVILLE, VA 201212635		\text{\frac{1}{2}} \frac{1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WEINSTEIN, ERIC 6211 CENTREVILLE ROAD, SUITE 800 CENTREVILLE, VA 201212634		01/16/08-80032-012 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLÉ NAME	,								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or disteremptive and 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 when an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/0/08

703-800-8000