

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90011 001 \*\*\*150.00

<b>DOCUMENT # F98000006372</b> 1. Entity Name <b>OAKMONT MORTGAGE COMPANY, INC.</b>					
Principal Place of Business <b>21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367</b>			Mailing Address <b>21800 BURBANK BLVD., SUITE #200 WOODLAND HILLS, CA 91367</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>WISE, JOHN R</b> <b>21800 BURBANK BLVD., SUITE #200</b> <b>WOODLAND HILLS, CA 91367</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAVETZ, NORMAN J</b> <b>21800 BURBANK BLVD., SUITE 330</b> <b>WOODLAND HILLS, CA 91367</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMPSON, BRYAN</b> <b>21800 BURBANK BLVD., SUITE #200</b> <b>WOODLAND HILLS, CA 91367</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DESCHAMPS, GAIL K</b> <b>21800 BURBANK BLVD., SUITE #200</b> <b>WOODLAND HILLS, CA 91367</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>WISE, JOHN R JR</b> <b>21800 BURBANK BLVD/STE 200</b> <b>WOODLAND HILLS, CA 91367</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>WISE, MICHAEL A</b> <b>21800 BURBANK BLVD., SUITE 200</b> <b>WOODLAND HILLS, CA 91367</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>William D. Dallas</b> <b>21800 Burbank Blvd., #200</b> <b>Woodland Hills, CA 91367</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>John duHadway</b> <b>21800 Burbank Blvd., #200</b> <b>Woodland Hills, CA 91367</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____		<b>John duHadway</b>		<b>3/15/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	