

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000001698

FILED  
Mar 26, 2002 8:00 AM  
Secretary of State

Entity Name: MORTGAGE MASTER, INC. OF MA

**Current Principal Place of Business:**

5 WALPOLE STREET  
NORWOOD, MA 02062

**New Principal Place of Business:**

**Current Mailing Address:**

5 WALPOLE STREET  
NORWOOD, MA 02062

**New Mailing Address:**

FEI Number: 04-3022619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCRENCI, STEPHEN W  
3200 NORTH MILITARY TRAIL, SUITE 200  
BOCA RATON, FL 33431 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMSEN, LEIF  
Address: 12 STONEMEADOW DRIVE  
City-St-Zip: WESTWOOD, MA 02090

Title: V ( ) Delete  
Name: RAYMO, PATRICIA M  
Address: 8 OLD POST ROAD  
City-St-Zip: NORTH EASTON, MA 12356

Title: S ( ) Delete  
Name: FROST, DON  
Address: 15 FERN DRIVE  
City-St-Zip: WALPOLE, MA 02081

Title: T ( ) Delete  
Name: THOMSEN, ANN C  
Address: 12 STONEMEADOW DRIVE  
City-St-Zip: WESTWOOD, MA 02090

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: GOODE, JAMES E  
Address: 3 STEVENS CIRCLE  
City-St-Zip: WESTWOOD, MA 02090

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E. GOODE

S

03/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date