

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001698

FILED
Jan 08, 2004
Secretary of State

Entity Name: MORTGAGE MASTER, INC. OF MA

Current Principal Place of Business:

102 ELM STREET
3RD FLOOR
WALPOLE, MA 02081

New Principal Place of Business:

Current Mailing Address:

102 ELM STREET
3RD FLOOR
WALPOLE, MA 02081

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

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: GOODE, JAMES E
Address: 3 STEVENS CIRCLE
City-St-Zip: WESTWOOD, MA 02090

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: () 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 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

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01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date