2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003253

1. Entity Name
PEOPLE'S MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
580 WASHINGTON STREET SOUTH EASTON, MA 02375	ATTN: ELAINE HEBERT 580 WASHINGTON STREET SOUTH EASTON, MA 02375

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3273356

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIERNAN, JOHN J JR.
STREET ADDRESS	580 WASHINGTON STREET
CITY-ST-ZIP	SOUTH EASTON, MA 02375
TITLE	V
NAME	RYDER, JAMES F JR.
STREET ADDRESS	580 WASHINGTON STREET
CITY-ST-ZIP	SOUTH EASTON, MA 02375
TITLE	V
NAME	HERBERT, ELAINE F
STREET ADDRESS	580 WASHINGTON STREET
CITY-ST-ZIP	SOUTH EASTON, MA 02375
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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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 9 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Hebert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #