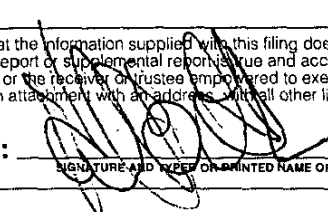


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 035 ***158.75

DOCUMENT # F99000006022 1. Entity Name NETWORK MORTGAGE CORPORATION					
Principal Place of Business 401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009			Mailing Address 401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009		
2. Principal Place of Business 3500 W. Maple Road			3. Mailing Address 3500 W. Maple Road		
Suite, Apt. #, etc. Suites A & B			Suite, Apt. #, etc. Suites A & B		
City & State Bloomfield Hills, MI			City & State Bloomfield Hills, MI		
Zip 48301			Zip 48301		
Country USA			Country USA		
4. FEI Number 38-2892939			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLORIDA COMPLIANCE SPECIALISTS 2331 HANSEN PLACE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLDMAN, HOWARD B 3435 BRADWAY BLVD. BLOOMFIELD, MI 48301	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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.					
SIGNATURE: 		Howard B. Goldman, President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/15/04 Daytime Phone # (248)433-0375			

24002871



01052004 Chg-P CR2E034 (10/03)