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

01-20-2004 90083 035 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006022

1. Entity Name
NETWORK MORTGAGE CORPORATION

24002871

Principal Place of Business	Mailing Address
401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009	401 SOUTH OLD WOODWARD, SUITE 420 BIRMINGHAM, MI 48009

01052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3500 W. Maple Road	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 Country: USA	Zip: 48301 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	7. Name and Address of New Registered Agent
FLORIDA COMPLIANCE SPECIALISTS 2331 HANSEN PLACE TALLAHASSEE, FL 32301	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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, HOWARD B	NAME	
STREET ADDRESS	3435 BRADWAY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD, MI 48301	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 1/15/04 (248)433-0375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #