


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 026 ***150.00

DOCUMENT # L43257 1. Entity Name CITIFINANCIAL MORTGAGE LOAN CORPORATION	
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Principal Place of Business 250 E CARPENTER FRWY CORP TAX DEPT IRVING, TX 75062 US	Mailing Address 300 ST. PAUL PLACE BSP10D BALTIMORE, MD 21202 US
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94029475



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3689286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOFF, HARRY D 15800 JOHN J. DELANEY DR., #450 CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD LOWMAN, DAVID 12855 N. OUTER FORTY DRIVE SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WONG, MARTIN J 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JOHN I 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP NICHOLS, R S 250 CARPENTER FREEWAY IRVING, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **John I Jones 3/3/04 (410)332-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #