

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P28159</b> 1. Entity Name <b>CORRESPONDENT SERVICES CORPORATION</b>						<b>FILED</b>  <b>04 MAY -6 AM 10:58</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>			
Principal Place of Business <b>82 DEVONSHIRE ST</b> <b>BOSTON, MA 02109</b>				Mailing Address <b>82 DEVONSHIRE ST</b> <b>BOSTON, MA 02109</b>					
2. Principal Place of Business		3. Mailing Address		04202004		Chg-P		CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>22-2999831</b>		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>					Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>				
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: <u><i>Cominlogan</i></u> <span style="float: right;">5-6-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 BASSO, ROBERT 1000 HARBOR BLVD WEEHAWKEN, NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Norman R. Malo 82 Devonshire Street Boston, MA 02109	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANYAI, GERALDINE L 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jeffrey R. Larsen 82 Devonshire Street Boston, MA 02109	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACGILVRAY, JAMES P 1000 HARBOR BLVD WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Senior VP Mark C. Healy 82 Devonshire Street Boston, MA 02109	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN, KEVIN 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Jay Freedman 82 Devonshire Street Boston, MA 02109	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FONTANA, DONNA M 1000 HARBOR BLVD WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400036067264</b> <b>05/11/04--01078--018 **150.00</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LEVINE, KEN 1000 HARBOR BLVD WEEHAWKEN, NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jay Freedman</i></u>				Jay Freedman, Assistant Secretary <span style="float: right;">5-4-04</span> (617) 563-7000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>					