


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 031 ***150.00

DOCUMENT # P30743	
1. Entity Name FIRST COLLATERAL SERVICES, INC.	

Principal Place of Business 1855 GATEWAY BOULEVARD SUITE 800 CONCORD, CA 94520 US	Mailing Address 1855 GATEWAY BOULEVARD SUITE 800 CONCORD, CA 94520 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3614604	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 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MERKLE, LYNDON C 1855 GATEWAY BLVD., STE. 800 CONCORD, CA 94520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S COFFIN, JOHN R 750 WASHINGTON BLVD., 9TH FLOOR STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attachment</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKMANN, WILLIAM P 750 WASHINGTON BLVD., 9TH FLOOR STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attachment</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, ANDREW D 750 WASHINGTON BLVD., 9TH FLOOR STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attachment</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SV KNAPP, BRADLEY D 1855 GATEWAY BLVD., STE. 800 CONCORD, CA 94520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS TORGERSON, LEARLA J 1855 GATEWAY BLVD., STE. 800 CONCORD, CA 94520 <input 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: *Walter Torgerson* **2-2-04** **925-949-4838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

FIRST COLLATERAL SERVICES, INC.

P30 743

44610270

MAIN OFFICE ADDRESS:

First Collateral Services, Inc.
1855 Gateway Boulevard, Suite 800
Concord, CA 94520
925-949-4900

OFFICERS OF FIRST COLLATERAL SERVICES, INC. (& their business address)

Susan E. Chapman, Senior Vice President, Treasurer & Director
1000 Technology Drive, MS 55
O'Fallon, MO 63304

Marjorie Faye Glenn, Vice President & Assistant Treasurer
1855 Gateway Boulevard, Suite 800
Concord, CA 94520

Jeffery L. Boyher, Vice President & Secretary
1000 Technology Drive, MS 140
O'Fallon, MO 63304

DIRECTORS OF FIRST COLLATERAL SERVICES, INC. (& their business address)

David Schneider, Director
1000 Technology Drive, MS 901
O'Fallon, MO 63304

Susan Chapman, Senior Vice President, Treasurer & Director
1000 Technology Drive, MS 55
O'Fallon, MO 63304