
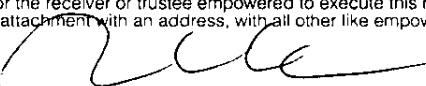


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90048 035 ***150.00

DOCUMENT # P36942 1. Entity Name C MORTGAGE CORP.					
Principal Place of Business ATTN: DEBBIE PARSONS 2250 MCGILCHRIST ST SE SALEM, OR 97302			Mailing Address ATTN: DEBBIE PARSONS P.O. BOX 14111 SALEM, OR 97309		
2. Principal Place of Business - No P.O. Box # 2260 McGilchrist St. SE		3. Mailing Address Suite, Apt. #, etc. Attn: Mary Casqueiro			
City & State 		City & State 		4. FEI Number 93-1068917	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM' % C T CORPORATION SYSTEM 1200 SOUTH 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLSON, WILLIAM E 2250 MCGILCHRIST ST. SE SALEM, OR	<input checked="" 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 BATY, DANIEL R 2105 N. 30 TACOMA, WA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 university St., Suite 2500 Seattle WA 98101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLSON, BARTON G 2250 MCGILCHRIST ST SE SALEM, OR	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2260 McGilchrist St. SE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENDEN, NORMAN L. 2250 MCGILCHRIST ST., SE SALEM, OR	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2260 McGilchrist St. SE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, WILLIAM E 2250 MCGILCHRIST ST., SE SALEM, OR 97302	<input checked="" 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 BRENDEN, NORMAN L 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2260 McGilchrist St. SE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.					
SIGNATURE:  Norman L. Brenden 7-6-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					