


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90010 025 ***150.00

DOCUMENT # P13932					
1. Entity Name ADVANTA MORTGAGE CORP. USA					
Principal Place of Business WELSH & MCKEAN ROADS P.O. BOX 918 SPRING HOUSE, PA 19477 US			Mailing Address WELSH & MCKEAN ROADS P.O. BOX 918 SPRING HOUSE, PA 19477 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2532654	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
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 _____ (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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALTER, DENNIS	NAME			
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS			
CITY-ST-ZIP	SPRING HOUSE, PA 19477	CITY-ST-ZIP			
TITLE	DVCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSOFF, WILLIAM A	NAME			
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS			
CITY-ST-ZIP	SPRING HOUSE, PA 19477	CITY-ST-ZIP			
TITLE	DVT <input checked="" type="checkbox"/> Delete	TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECK, JEFFREY D	NAME	Coco, Michael		
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS	Welsh & McKean's Rds, P.O. Box 918		
CITY-ST-ZIP	SPRING HOUSE, PA 19477	CITY-ST-ZIP	Spring House, PA 19477		
TITLE	DSVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNE, PHILIP M	NAME			
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS			
CITY-ST-ZIP	SPRING HOUSE, PA 19477	CITY-ST-ZIP			
TITLE	SVC1 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIWILLIAMS, LENNY	NAME			
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS			
CITY-ST-ZIP	SPRING HOUSE, PA 19477	CITY-ST-ZIP			
TITLE	SVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAJ, ELIZABETH H	NAME			
STREET ADDRESS	WELSH & MCKEAN ROADS, P.O. BOX 918	STREET ADDRESS			
CITY-ST-ZIP	SPRING HOUSE, PA 19477	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: <i>Susan Gusti</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-21-04 Daytime Phone #: 215-444-5393	

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01122004 Chg-P CR2E034 (10/03)

Attachment

Advanta Mortgage Corp. USA-FL P 13932

#P13932

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OFFICERS

NAME: William Bracken
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Liane Browne
TITLE: V/AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Donna Butz
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Patricia Carroll
TITLE: V/AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Michael Coco
TITLE: VT
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: David B. Weinstock
TITLE: V/CAO
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

Attachment

NAME: Marci Wilf
TITLE: V, CA
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

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NAME: Susan Giusti
TITLE: AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477