

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005694

**FILED**  
**Jan 08, 2004**  
**Secretary of State**

**Entity Name:** CITYWIDE MORTGAGE CORPORATION

**Current Principal Place of Business:**

8401 CORPORATE DR., STE. 200  
LANDOVER, MD 20785

**New Principal Place of Business:**

**Current Mailing Address:**

8401 CORPORATE DR., STE. 200  
LANDOVER, MD 20785

**New Mailing Address:**

**FEI Number:** 52-1937599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: SEGAL, MICHAEL  
Address: 8033 RISING RIDGE RD  
City-St-Zip: BETHESDA, MD 20817

Title: CVS ( ) Delete  
Name: SELIGMAN, BRIAN  
Address: 9209 CAMBRIDGE MANOR CT  
City-St-Zip: POTOMAC, MD 20854

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SELIGMAN

CPT

01/08/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date