



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Foreign Corporation

1. Corporate ID No. 000119299		2. Name of Corporation Mortgage Access Corp.		
3. Street Address Principal Business Office 225 Littleton Road			City Morris Plains	State NJ
4. Business Phone No. 973 605-1515		5. State of Incorporation New Jersey		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Stephen Adamo		Vice President Name VP Compliance Carolee Boles		
Street Address 225 Littleton Road		Street Address 225 Littleton Road		
City Morris Plains	State NJ	Zip 07950	City Morris Plains	State NJ
Secretary Name Carolee Boles		Treasurer Name		
Street Address 225 Littleton Rd		Street Address		
City Morris Plains	State NJ	Zip 07950	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name James M. Weichert		Director Name		
Street Address 1625 Route 10		Street Address		
City Morris Plains	State NJ	Zip 07950	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	Common No Par Value		310	Common
				No Par Value

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

JAN 26 2010

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By: *[Signature]*
 29-109212

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/2/10
 Signature Date
 Carolee Boles
 Print or Type Name
 VP Compliance
 Title