STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
120800	E*TRADE Mortgage Corporation			
3. Street Address Principal Business Office		City	State	Zip
3353 Michelson Street, 2nd Floor		Irvine	CA	92612
4. Business Phone No.	5. State of Incorporation		6. SIC Code	
714-224-7000	VIRGINIA			

7. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE FINANCING

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Arlen W. Gelbard	Matthew Geary
Street Address: 671 North Glebe Road	Street Address: 671 North Glebe Road
City: Arlington State: VA Zip: 22203	City: Arlington State: VA Zip: 22203
Secretary Name: John Buchman	Treasurer Name: Matthew Audette
Street Address: 671 North Glebe Road	Street Address: 671 North Glebe Road
City: Arlington State: VA Zip: 22203	City: Arlington State: VA Zip: 22203

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Arlen W. Gelbard	
Street Address: 671 North Glebe Road	Street Address:
City: Arlington State: VA Zip: 22203	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM $0.01 PAR VALUE			1000		.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

120800

FILED

File Date MAR 05 2004

Check No.

By: By 2269 0a

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Cynthia Bock — 03/01/2004
Signature of Officer — *Date*

Cynthia Bock
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Form 630 Rev. 12/03

ATTACHMENT A

RHODE ISLAND – ANNUAL REPORT

Question: #8

Officers

NAME	TITLE	BUSINESS ADDRESS
Cynthia Bock	Assistant Secretary	4500 Bohannon Drive Menlo Park, CA 94025