STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 120800

2. Name of Corporation E*TRADE Mortgage Corporation

3. Street Address Principal Business Office 671 North Glebe Road
City Arlington *State* VA *Zip* 22203

4. Business Phone No. 800-546-3279

5. State of Incorporation VIRGINIA

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
mortgage lending

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

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

Vice President Name Kenneth Campbell
Street Address 671 North Glebe Road
City Arlington *State* VA *Zip* 22203

Secretary Name John Buchman
Street Address 671 North Glebe Road
City Arlington *State* VA *Zip* 22203

Treasurer Name Robert Fenton
Street Address 671 North Glebe Road
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 Arlen W. Gelbard
Street Address 671 North Glebe Road
City Arlington *State* VA *Zip* 22203

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 COMM $0.01 PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	$0.01

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

* 1 2 0 8 0 0 *

File Date: FILED
MAY 13 2002
Check No.: By 21706
By:

FOR SECRETARY OF STATE USE ONLY

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 04/18/2002
Signature of Officer *Date*

Cynthia Bock
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Form 630 12/01

ATTACHMENT A

RHODE ISLAND – ANNUAL REPORT

Question: #8

Officers

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