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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90060 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 825740

1. Corporation Name
DOVENMUEHLE MORTGAGE, INC.



Principal Place of Business Mailing Address
 1501 WOODFIELD RD. 1501 WOODFIELD RD.
 SCHAUMBURG IL 60173 SCHAUMBURG IL 60173
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
02/09/1971
 4. FEI Number Applied For
36-2435132 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MYNATT, WILLIAM A JR	
STREET ADDRESS	1501 WOODFIELD ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	ALLISON, DAVID	
STREET ADDRESS	1501 WOODFIELD ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE	SRV	<input type="checkbox"/> DELETE
NAME	KOHN, RICHARD F.	
STREET ADDRESS	1501 WOODFIELD ROAD	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM G	
STREET ADDRESS	70 W. MADISON ST % BELL, BOYD, & LLOYD	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PRZYBYLA, MARY K	
STREET ADDRESS	1501 WOODFIELD RD., SUITE 400E	
CITY-ST-ZIP	SCHAUMBURG IL 60173-4982	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Stearns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 847/330-8088
 Date Daytime Phone #

CR2E034 (1/98)