

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **830125** (1)  
1. Corporation Name  
**SOURCE ONE MORTGAGE SERVICES CORPORATION**



Principal Place of Business: **27555 FARMINGTON ROAD, P.O. BOX 1800, FARMINGTON HILLS MI 48334-3357, US**  
Mailing Address: **27555 FARMINGTON ROAD, ATTN: MELINDA CAIN, FARMINGTON HILLS MI 48334-3357, US**

3. Date incorporated or Qualified: **05/22/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **38-2011419**  
Applied For:  Not Applicable  
5. Certificate or Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEMANG, MICHAEL C</b>	
STREET ADDRESS	<b>3475 RIDGELINE COURT</b>	
CITY-ST-ZIP	<b>ANN ARBOR MI</b>	
TITLE	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>JANSSEN, MARK A.</b>	
STREET ADDRESS	<b>5630 INVERRARY</b>	
CITY-ST-ZIP	<b>MILFORD MI</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDS, ROBERT W.</b>	
STREET ADDRESS	<b>2323 ADDALEEN</b>	
CITY-ST-ZIP	<b>HIGHLAND MI</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>DENSMORE, ROBERT R.</b>	
STREET ADDRESS	<b>35333 STRATTON HILL CT.</b>	
CITY-ST-ZIP	<b>FRAMINGTON HILLS MI</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>CAIN, MELINDA F</b>	
STREET ADDRESS	<b>19297 MAYFLOWER</b>	
CITY-ST-ZIP	<b>PLMOUTH MI</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>CONRAD, JAMES A.</b>	
STREET ADDRESS	<b>5952 SEVILLE CIRCLE</b>	
CITY-ST-ZIP	<b>ORCHARD LAKE MI</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>Vice President</b>
11. STREET ADDRESS	<b>17389 Rolling Woods Circle</b>
12. CITY-ST-ZIP	<b>Northville, MI 48167</b>
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Melinda F. Cain 4-30-96 (810)488-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Melinda F. Cain - Vice President

CR2E034 (12/95)