

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 830125 (1)**  
 1. Corporation Name  
**SOURCE ONE MORTGAGE SERVICES CORPORATION**



Principal Place of Business <b>27555 FARMINGTON ROAD                  P.O. BOX 1800                  FARMINGTON HILLS MI 48334-3357                  US</b>	Mailing Address <b>27555 FARMINGTON ROAD                  ATTN: MELINDA CAIN                  FARMINGTON HILLS MI 48334-3314                  US</b>
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 <b>ATTN: DEPT. 01-111</b> City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>05/22/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>38-2011419</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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  
 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 (NO!) Registered Agent's signature required when reinstating. 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 checked="" 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>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CAIN, MELINDA F</b>	
STREET ADDRESS	<b>17389 ROLLING WOODS CIRCLE</b>	
CITY-ST-ZIP	<b>NORTHVILLE 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		
1.1 TITLE	<b>CFO, EVP, SEC.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>EVP</b>	<input checked="" 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	<b>EVP</b>	<input checked="" 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 do 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.

SIGNATURE: *Robert R. Denmore* 4-30-97 (810) 488-7000

CR2E034 (9/96)