

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **839263** (1)
1. Corporation Name
TRUSTCORP MORTGAGE COMPANY



Principal Place of Business: 100 E WAYNE STR, STE 400, SO BEND IN 46601, US
Mailing Address: 100 E WAYNE STR, STE 400, PO BOX 149, SO BEND IN 46624, US

3. Date Incorporated or Qualified: 10/06/1977
3a. Date of Last Report: 03/28/1995
4. FEI Number: 35-1933290
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip, Country
30. Country

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
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: _____
Signature, typed or printed name of registered agent and trust applicant. (NOTE: Registered Agent signature required when reappointing)

12. See Exhibit OFFICERS AND DIRECTORS

TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	JAY A. RUDYNSKI	
STREET ADDRESS	100 E WAYNE STR, STE 400	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MICHAEL E. GILMER	
STREET ADDRESS	100 E WAYNE STR, STE 400	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KUNZLER, JAMES W.	
STREET ADDRESS	100 E WAYNE STR, STE 400	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	DIANA L. RINGER	
STREET ADDRESS	100 E WAYNE STR, STE 400	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHN P. DUNBAR	
STREET ADDRESS	100 E WAYNE STR, STE 400	
CITY-ST-ZIP	SOUTH BEND IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN T. PHAIR	
STREET ADDRESS	220 COLFAX AVE., STE 200	
CITY-ST-ZIP	SOUTH BEND IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SVP&CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jay A. Rudynski	
13 STREET ADDRESS	100 East Wayne Street, Suite 400	
14 CITY-ST-ZIP	South Bend, Indiana 46601	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	James M. Bartels	
63 STREET ADDRESS	100 East Wayne Street, Suite 400	
64 CITY-ST-ZIP	South Bend, Indiana 46601	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sect on 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: *Jay A. Rudynski* April 24, 1996 219-237-5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Rudynski Senior Vice President & CEO

CR2E034 (12/95)

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**TRUSTCORP MORTGAGE COMPANY
BOARD OF DIRECTORS**

**Mr. Christopher J. Murphy III - Chairman
1st Source Corporation
P.O. Box 1602
South Bend, Indiana 46634**

**Mr. Wellington D. Jones
1st Source Corporation
P.O. Box 1602
South Bend, Indiana 46634**

**Mr. John T. Phair
The Holladay Corporation
220 Colfax Avenue, Suite 200
P.O. Box 1331
South Bend, Indiana 46624**

**Mr. John C. Schuster
Indiana Trust & Investment
Management Company
3930 Edison Lakes Parkway
Mishawaka, Indiana 46545**

**Mr. Larry Lentych
1st Source Corporation
100 North Michigan Street
P.O. Box 1602
South Bend, Indiana 46634**

**Kevin J. Butler
1246 East Jefferson Blvd.
South Bend, Indiana 46617**

**Mr. James W. Kunzler
Trustcorp Mortgage Company
100 East Wayne Street, Suite 400
South Bend, Indiana 46601**