


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 N. MICHIGAN ST., STE 800 SOUTH BEND IN 46601 US	Mailing Address P O BOX 149 SOUTH BEND IN 46624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/06/1977	
4. FEI Number 35-1933290		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO <input type="checkbox"/> DELETE	1.1 TITLE	CFO & SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDYNSKI, JAY A	1.2 NAME	
STREET ADDRESS	100 NORTH MICHIGAN, SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN 46601	1.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL E. GILMER	2.2 NAME	Debra A. Bass
STREET ADDRESS	100 N. MICHIGAN ST., STE 800	2.3 STREET ADDRESS	100 N. Michigan St. STE 800
CITY-ST-ZIP	SOUTH BEND IN 46601	2.4 CITY-ST-ZIP	South Bend, IN 46601
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZLER, JAMES W.	3.2 NAME	
STREET ADDRESS	100 N. MICHIGAN ST., STE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN 46601	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA L. RINGER	4.2 NAME	
STREET ADDRESS	100 N. MICHIGAN ST., STE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BEND IN 46601	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELS, JAMES M	5.2 NAME	Louis Gerber
STREET ADDRESS	100 N. MICHIGAN ST., STE 800	5.3 STREET ADDRESS	100 N. Michigan, STE 800
CITY-ST-ZIP	SOUTH BEND IN 46601	5.4 CITY-ST-ZIP	South Bend, IN 46601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 Rudynski CFO

1/22/98

CR2E034 (10/97)