

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000004023
1. Entity Name
 ABN AMRO MORTGAGE CORPORATION

FILED

02 AUG -1 AM 9: 35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 135 S. LASALLE ST. Suite, Apt. #, etc. STE 925 City & State CHICAGO Zip 60603		3. Mailing Address 135 S. LASALLE STREET Suite, Apt. #, etc. STE 860 City & State CHICAGO, IL Zip 60603	
------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------	--

4. FEI Number
36-3886007

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
~~CT CORPORATION SYSTEM~~

Street Address (P.O. Box Number is Not Acceptable)
~~1200 SOUTH PINE ISLAND ROAD~~

City
 PLANTATION

State
 FL

Zip Code
 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOSEPH KRUL 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MARTIN L. EISENBERG 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300007074293-- -08/13/02--01038--010 ****135.00 ****135.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER CLAYTON J. TRIBLE 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300007074293-- -08/13/02--01038--011 ****15.00 ****15.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY KIRK P. FLORES 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JOSEPH KRUL 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR STANLEY H. RHODES 135 S. LASALLE STREET CHICAGO, IL 60603	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARTIN L. EISENBERG 4/29/02 312-904-2209
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

42E034B (12/01)