

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # F93000002927 (2)
1. Corporation Name
LASALLE HOME MORTGAGE CORPORATION



Principal Place of Business Mailing Address
4242 N. HARLEM AVE. NORRIDGE IL 60634 **4242 N. HARLEM AVE. NORRIDGE IL 60634**

3. Date Incorporated or Qualified **06/24/1993** 3a. Date of Last Report **04/14/1995**
4. FEI Number **36-3149304** Applied For Not Applicable
5. Certificate of 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **135 S. LaSalle St.**
22 City & State 27 **c/o Martin L. Eisenberg**
23 Zip 28 **Chicago, IL**
24 Country 29 **60603** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent or director (Print Name of Registered Agent or Director, as applicable, in parentheses following) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM E	1.2 NAME	
STREET ADDRESS	4242 NORTH HARLEM AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORRIDGE IL 60634	1.4 CITY-ST-ZIP	
TITLE	SVP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY, RICHARD F.	2.2 NAME	
STREET ADDRESS	4242 NORTH HARLEM AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORRIDGE IL	2.4 CITY-ST-ZIP	
TITLE	VP	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, MARTIN L.	3.2 NAME	
STREET ADDRESS	135 S. LASALLE ST., STE. 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	T	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUSKURDAS, CLEMENT J	4.2 NAME	
STREET ADDRESS	4242 NORTH HARLEM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORRIDGE IL 60634	4.4 CITY-ST-ZIP	
TITLE	S	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIELLO, THOMAS A.	5.2 NAME	
STREET ADDRESS	135 S. LASALLE ST., STE. 325	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEITMANN, SCOTT K.	6.2 NAME	
STREET ADDRESS	135 S. LASALLE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 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)(c), 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, unchanged, or in an attachment with an address.

SIGNATURE: *Martin L. Eisenberg* **Martin L. Eisenberg** **04/11/96** **(312) 904-2209**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2E034 (12/95)