

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002927 (2)**

1. Corporation Name  
**LASALLE HOME MORTGAGE CORPORATION**



Principal Place of Business <b>4242 N. HARLEM AVE.                  NORRIDGE IL 60634</b>	Mailing Address <b>135 S. LASALLE ST                  C/O MARTIN L. EISENBERG                  CHICAGO IL 60603                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/24/1993</b>	4. FEI Number <b>36-3149304</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State			
23. Zip	28. Zip			
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, WILLIAM E</b>	1.2 NAME	
STREET ADDRESS	<b>4242 NORTH HARLEM AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORRIDGE IL 60634</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEARY, RICHARD F.</b>	2.2 NAME	
STREET ADDRESS	<b>4242 NORTH HARLEM AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORRIDGE IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISENBERG, MARTIN L.</b>	3.2 NAME	
STREET ADDRESS	<b>135 S. LASALLE ST., STE. 880</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAUSKURDAS, CLEMENT J</b>	4.2 NAME	
STREET ADDRESS	<b>4242 NORTH HARLEM AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORRIDGE IL 60634</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSIELLO, THOMAS A.</b>	5.2 NAME	
STREET ADDRESS	<b>135 S. LASALLE ST., STE. 925</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEITMANN, SCOTT K.</b>	6.2 NAME	
STREET ADDRESS	<b>135 S. LASALLE ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	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)(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:  **Martin L. Eisenberg** 312-904-2209  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0503728

CR2E034 (10/97)