

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 24 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002997 (5)**

1. Corporation Name

**FIRST OF AMERICA BROKERAGE SERVICE, INC.**

Principal Place of Business  
**157 S. KALAMAZOO MALL  
KALAMAZOO MI 49007**

Mailing Address  
**157 S. KALAMAZOO MALL  
KALAMAZOO MI 49007**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/29/1993** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number **38-2620096** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
TALLAHASSEE FL 33324**

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 607.1608, 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

TITLE	PD
NAME	CURRIER, SUSAN L.
STREET ADDRESS	157 S. KALAMAZOO MALL
CITY-ST-ZIP	KALAMAZOO MI 49007
TITLE	VP
NAME	TIMMENEY, PENNY
CITY-ST-ZIP	KALAMAZOO MI
TITLE	D
NAME	RAPP, JOHN B
STREET ADDRESS	211 S. ROSE STREET
CITY-ST-ZIP	KALAMAZOO MI
TITLE	D
NAME	FISHER, DAVID S
STREET ADDRESS	211 S. ROSE STREET
CITY-ST-ZIP	KALAMAZOO MI 49007
TITLE	D
NAME	SHAUMAN, R. WILLIAM
STREET ADDRESS	211 S. ROSE STREET
CITY-ST-ZIP	KALAMAZOO MI 49007
TITLE	D
NAME	WASHBURN, RICHARD V.
STREET ADDRESS	3424 BRONSON ST
CITY-ST-ZIP	KALAMAZOO MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zecher, Noah D.	
1.3 STREET ADDRESS	157 South Kalamazoo Mall, Ste. 400	
1.4 CITY-ST-ZIP	Kalamazoo, MI 49007	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robinette, Janet L.	
2.3 STREET ADDRESS	157 South Kalamazoo Mall, Ste. 400	
2.4 CITY-ST-ZIP	Kalamazoo, MI 49007	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rummel, Derek M.	
3.3 STREET ADDRESS	157 South Kalamazoo Mall, Ste. 400	
3.4 CITY-ST-ZIP	Kalamazoo, MI 49007	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mattson, Mary K.	
4.3 STREET ADDRESS	157 South Kalamazoo Mall, Ste. 400	
4.4 CITY-ST-ZIP	Kalamazoo, MI 49007	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Korchak, Carlene	
6.3 STREET ADDRESS	157 South Kalamazoo Mall, Ste. 400	
6.4 CITY-ST-ZIP	Kalamazoo, MI 49007	

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)(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:

*Noah D. Zecher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 (616) 376-1150  
Date (Typed Phone #)