

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004557 (3)**

1. Corporation Name

ABN AMRO MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

181 W. MADISON ST.
CHICAGO IL 60602

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CHICAGO IL 60602

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report

4. FEI Number
36-3886007

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 Country

28 **Chicago, IL**

24 Zip Country

29 **60603** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Officer or Director

Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, SARA	
STREET ADDRESS	1000 CORPORATE DR., STE. 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORSLUND, DAVID K	
STREET ADDRESS	181 W. MADISON ST.	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LONG, WILLIAM E	
STREET ADDRESS	4242 N. HARLEM AVE.	
CITY-ST-ZIP	NORRIDGE IL 60634	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EISENBERG, MARTIN L	
STREET ADDRESS	135 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60674-9135	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLORES, KIRK P	
STREET ADDRESS	135 S. LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60674-9135	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WAJDA, EDWARD F	
STREET ADDRESS	181 W. MADISON ST.	
CITY-ST-ZIP	CHICAGO IL 60602	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin L. Eisenberg 04//1996 (312) 904-2209

CR2E034 (12/95)