


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

Page 1012

DOCUMENT # F96680
1. Entity Name
Midland Mortgage Investment Corporation



FILED

03 JUN 26 AM 9 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 33 N. Garden Avenue Suite, Apt. #, etc. 1200 City & State Clearwater, FL. Zip 33756 Country Pinellas		3. Mailing Address 218 N. Charles Street Suite, Apt. #, etc. Suite 500 City & State Baltimore, MD Zip 21201 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2293233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Robert J. Banks	
	Street Address (P.O. Box Number is Not Acceptable) 33 N. Garden Avenue, Suite 1200	
	City Clearwater	FL Zip Code 33756

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. I am familiar with, and accept the obligations of registered agent.

400021159014

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC/Robert J. Banks 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS/Keith J. Gloeckl 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT/Don R. Reynolds 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/Thomas Vandegrift 33 N. Garden Avenue, Suite 1200 Clearwater, FL. 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Mark Joseph 218 N. Charles Street, Suite 500 Baltimore, MD 21201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Michael Falcone 218 N. Charles Street, Suite 500 Baltimore, MD. 21201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS VANDEGRIFT Date: 6-24-03 Daytime Phone #: 727-461-4801

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

Page 2 of 2

ACCOUNT NO. : 072100000032
 REFERENCE : 147066 4306747
 AUTHORIZATION : *Patricia Pignato*
 COST LIMIT : \$ 558.75

ORDER DATE : June 25, 2003
 ORDER TIME : 11:07 AM
 ORDER NO. : 147066-035
 CUSTOMER NO: 4306747

CUSTOMER: Gayle Aiken, Legal Assistant
 Honigman Miller Schwartz And
 Suite 2290
 660 Woodward Avenue
 Detroit, MI 48226

RECEIVED
 03 JUN 26 AM 11:41
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MIDLAND MORTGAGE INVESTMENT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____