

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10: 14

DOCUMENT # **P28835** (7)

1. Corporation Name
COMERICA MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
411 W. LAFAYETTE, MC 3415 DETROIT MI 48226 US	411 W. LAFAYETTE, MC 3415 DETROIT MI 48226 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 03/28/1994
4. FEI Number 38-2468391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	LEWIS, JOHN D.
STREET ADDRESS	500 WOODWARD AVE
CITY-ST-ZIP	DETROIT MI
TITLE	V
NAME	SCHAD, KENNETH J
STREET ADDRESS	411 W. LAFAYETTE
CITY-ST-ZIP	DETROIT MI
TITLE	T
NAME	HERMANN, ARTHUR W.
STREET ADDRESS	411 W. LAFAYETTE
CITY-ST-ZIP	DETROIT MI
TITLE	S
NAME	CERRENTANI, JOHN L.
STREET ADDRESS	500 WOODWARD AVE
CITY-ST-ZIP	DETROIT MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	John R. Haggerty	
3. STREET ADDRESS	3551 Hamlin Road	
4. CITY-ST-ZIP	Auburn Hills, MI 48326	
21. TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Gloria G. Freud	
23. STREET ADDRESS	One Detroit Center	
24. CITY-ST-ZIP	Detroit, MI 48226	
31. TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Peter A. Kohoe	
33. STREET ADDRESS	3551 Hamlin Road	
34. CITY-ST-ZIP	Auburn Hills, MI 48326	
41. TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Andrew P. Shimko, Jr.	
43. STREET ADDRESS	411 W. Lafayette, MC 3415	
44. CITY-ST-ZIP	Detroit, MI 48226	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 by a duly sworn officer or director of the corporation or the receiver or trustee, except as noted to correct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. On this date, I was at _____

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR
Andrew P. Shimko, Jr.

3-7-95 (313) 222-4514