

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28835** (7)  
1. Corporation Name:  
**COMERICA MORTGAGE CORPORATION**



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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified: **04/04/1990**  
3a. Date of Last Report: **03/14/1995**  
4. Fil Number: **38-2468391**  
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  
10. Name and Address of New Registered Agent

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 609.02 and 609.1209, 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 609.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAGGERTY, JOHN R</b>	
STREET ADDRESS	<b>3551 HAMLIN ROAD</b>	
CITY-ST-ZIP	<b>AUBURN HILLS MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FRUED, GLORIA G</b>	
STREET ADDRESS	<b>ONE DETROIT CENTER</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KEHOE, PETER A</b>	
STREET ADDRESS	<b>3551 HAMLIN ROAD</b>	
CITY-ST-ZIP	<b>AUBURN HILLS MI</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIMKO, JR. A F</b>	
STREET ADDRESS	<b>411 W LAFAYETTE, MC 3415</b>	
CITY-ST-ZIP	<b>DETROIT MI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
27. NAME	<b>OFFICER</b>
28. STREET ADDRESS	<b>KENNETH J. SCHAD</b>
29. CITY-ST-ZIP	<b>411 W LAFAYETTE, MC 3415</b>
30. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME	<b>DETROIT MI</b>
32. STREET ADDRESS	
33. CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is, truthfully, furnished and does not qualify for the exemption stated in Section 119.071(6)(a), Florida Statutes. I further certify that the information included on this filing is a true and correct report or statement of annual report as true and a correct 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, the registered agent or trustee or authorized to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked or in an addition with an address.

SIGNATURE: *Kenneth J. Schad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

CR2E034 (12/95)