

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P41055 (5)
 1. Corporation Name
THE MORTGAGE AUTHORITY, INC.



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| Principal Place of Business 33200 W. 14 MILE RD WEST BLOOMFIELD MI 48322-549 US | Mailing Address ATTN: MELINDA CAIN 27555 FARMINGTON RD FARMINGTON HILLS MI 48334-3314 US |
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| 2. Principal Place of Business 21 27555 Farmington Road Suite, Apt. #, etc. 22 City & State 23 Farmington Hills, MI Zip Country 24 48334 25 US | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 ATTN: DEPT. 01-111 City & State 28 Zip Country 29 30 |
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| 3. Date Incorporated or Qualified 10/19/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 38-3069483 | 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 | |

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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
FL 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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--|--|
| TITLE D | CONRAD, JAMES A. 27555 FARMINGTON ROAD FARMINGTON HILLS MI | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VS | DENSMORE, ROBERT R. 27555 FARMINGTON ROAD FARMINGTON HILLS MI | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SVP | JANSEN, JOHN L. 27555 FARMINGTON ROAD FARMINGTON HILLS MI | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP | CAIN, MELINDA 27555 FARMINGTON ROAD FARMINGTON HILLS MI | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P | MANASCO, WILLIAM C. 27555 FARMINGTON ROAD FARMINGTON HILLS MI | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE CVP | JANSSEN, MARK 27555 FARMINGTON RD FARMINGTON HILLS MI | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 1.2 NAME | 1.2 NAME |
| 1.3 STREET ADDRESS | 1.3 STREET ADDRESS |
| 1.4 CITY - ST - ZIP | 1.4 CITY - ST - ZIP |
| 2.2 NAME | 2.2 NAME |
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| 6.4 CITY - ST - ZIP | 6.4 CITY - ST - ZIP |

14. I do 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 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 in an attachment with an address.

SIGNATURE: *Robert R. Janssen* 4-30-97 (810) 488-7000

CR2E034 (9/96)