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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 823247 (2)

1. Corporation Name  
ARM SECURITIES CORPORATION

Principal Place of Business

239 S 5TH ST  
12TH FL  
LOUISVILLE KY 40202  
US

Mailing Address

239 S 5TH ST  
12TH FL  
LOUISVILLE KY 40202-3213  
US



2. Principal Place of Business

21 515 W. Market Street

Suite, Apt. #, etc.

22 8th Floor

City & State

23 Louisville, KY

Zip

Country

24 40202

25 USA

2a. Mailing Address

26 515 W. Market Street

Suite, Apt. #, etc.

27 8th Floor

City & State

28 Louisville, KY

Zip

Country

29 40202

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/16/1969

3a. Date of Last Report

04/16/1996

4. FEI Number

41-0953406

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

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 607.1506, 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 person named as registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME CARLBLOM, RICHARD M.  
STREET ADDRESS 200 E WILSON BRIDGE RD  
CITY-STATE-ZIP WORTHINGTON OH

TITLE V ☐ DELETE

NAME BALEK, WALTER W  
STREET ADDRESS 8400 NARMANDALE LAKE BLVD STE 982  
CITY-STATE-ZIP MINNEAPOLIS MN

TITLE DS ☐ DELETE

NAME MCGREENEY, JOHN R  
STREET ADDRESS 239 S 5TH ST 12TH FL  
CITY-STATE-ZIP LOUISVILLE KY

TITLE DP ☐ DELETE

NAME HAINES, EDWARD J  
STREET ADDRESS 239 S 5TH ST 12TH FL  
CITY-STATE-ZIP LOUISVILLE KY

TITLE T ☐ DELETE

NAME RESNIK, PETER S  
STREET ADDRESS 239 S 5TH ST 12TH FL  
CITY-STATE-ZIP LOUISVILLE KY

TITLE S ☒ DELETE

NAME GREGG, STEWART D.  
STREET ADDRESS 8400 NORMANDALE LAKE BLVD STE 1150  
CITY-STATE-ZIP MINNEAPOLIS MN 55437

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tax Officer ☐ Change ☒ Addition

1.2 NAME Rose M. Culbertson  
1.3 STREET ADDRESS 515 W. Market Street, 8th Floor  
1.4 CITY-STATE-ZIP Louisville, KY 40202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 8400 Normendale Lake Blvd., Ste. 982  
2.3 STREET ADDRESS Minneapolis, MN 55437  
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 515 W. Market Street, 8th Floor  
3.3 STREET ADDRESS Louisville, KY 40202  
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME 515 West Market Street, 8th Floor  
4.3 STREET ADDRESS Louisville, KY 40202  
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME 515 W. Market Street, 8th Floor  
5.3 STREET ADDRESS Louisville, KY 40202  
5.4 CITY-STATE-ZIP

6.1 TITLE Assistant Secretary ☐ Change ☒ Addition

6.2 NAME Robert L. Maddox  
6.3 STREET ADDRESS 515 W. Market Street, 8th Floor  
6.4 CITY-STATE-ZIP Louisville, KY 40202

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 on an attachment with an address.

SIGNATURE: *Rose M. Culbertson*

Rose M. Culbertson, Tax Officer 3/2/97

(502) 582-7928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0477877

CR2E034 (9/96)