

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825740 (4)
 1. Corporation Name
DOVENMUEHLE MORTGAGE, INC.



Principal Place of Business 1501 WOODFIELD RD. SCHAUMBURG IL 60173	Mailing Address 1501 WOODFIELD RD. SCHAUMBURG IL 60173-6052 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/09/1971	3a. Date of Last Report 01/26/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-2435132	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLHASSEE FL 32301**

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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNATT, WILLIAM A JR	1.2 NAME	
STREET ADDRESS	1501 WOODFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	Zip Code is 60173-4982
TITLE	SRV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, DAVID	2.2 NAME	
STREET ADDRESS	1501 WOODFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	Zip Code is 60173-4982
TITLE	SRV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, RICHARD F.	3.2 NAME	
STREET ADDRESS	1501 WOODFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	Zip Code is 60173-4982
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM G	4.2 NAME	
STREET ADDRESS	70 W. MADISON ST % BELL, BOYD, & LLOYD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Zip Code is 60602
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLUM, SCOTT S	5.2 NAME	Senior Vice President
STREET ADDRESS	919 THIRD AVE	5.3 STREET ADDRESS	Przybyla, Mary K.
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	1501 Woodfield Road, Suite 400 E
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Chicago, IL 60173-4982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUD, CORNELIUS	6.2 NAME	
STREET ADDRESS	6615 IRVING PARK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	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 on an attachment with an address.

SIGNATURE: *Richard F. Kohn* **Richard F. Kohn** 4/25/97 847/330-8088

CP2E034 (9/96)