

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825740

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: DOVENMUEHLE MORTGAGE, INC.

**Current Principal Place of Business:**

1 CORPORATE DR. SUITE 360  
LAKE ZURICH, IL 60047

**New Principal Place of Business:**

**Current Mailing Address:**

1 CORPORATE DR. SUITE 360  
LAKE ZURICH, IL 60047

**New Mailing Address:**

FEI Number: 36-2435132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MYNATT, JR., WILLIAM A  
Address: 1 CORPORATE DRIVE, SUITE 360  
City-St-Zip: LAKE ZURICH, IL 60047

Title: SVP  
Name: ALLISON, DAVID  
Address: 1 CORPORATE DRIVE, SUITE 360  
City-St-Zip: LAKE ZURICH, IL 60047

Title: S  
Name: DUKER, ANN  
Address: 1 CORPORATE DRIVE, SUITE 360  
City-St-Zip: LAKE ZURICH, IL 60047

Title: SVP  
Name: PRZYBYLA, MARY K  
Address: 1 CORPORATE DRIVE, SUITE 360  
City-St-Zip: LAKE ZURICH, IL 60047

Title: T  
Name: BRAUN, GLEN S  
Address: 1 CORPORATE DRIVE, SUITE 360  
City-St-Zip: LAKE ZURICH, IL 60047

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANN DUKER

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02/15/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date