

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90176 025 \*\*\*150.00

80087376

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 825740</b> 1. Entity Name <b>DOVENMUEHLE MORTGAGE, INC.</b>					
Principal Place of Business 1501 WOODFIELD RD. SCHAUMBURG, IL 60173		Mailing Address 1501 WOODFIELD RD. SCHAUMBURG, IL 60173 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-2435132</b> Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when submitting)</small>					
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$580.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MYNATT, WILLIAM A JR 1501 WOODFIELD ROAD SCHAUMBURG, IL 601734982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SRV ALLISON, DAVID 1501 WOODFIELD ROAD SCHAUMBURG, IL 601734982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SRV DUCKER, ANN 1601 WOODFIELD ROAD SCHAUMBURG, IL 601734982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BROWN, WILLIAM G 70 W. MADISON ST % BELL, BOYD, & LLOYD CHICAGO, IL 60602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP PRZYBYLA, MARY K 1601 WOODFIELD RD., SUITE 400E SCHAUMBURG, IL 601734982	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVPT CONNELL, WILLIAM J 1601 WOODFIELD RD. SCHAUMBURG, IL 60173	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ann Ducker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ANN DUCKER</b>			Date: <b>4-15-03 (847) 619-5852</b> Date Time Phone #		

CFR2E034 (1/01/02)

ATTACHMENT



800 823 26  
825 740

MARYANN COCHRANE  
Telephone: (847) 330-8010  
Facsimile: (847) 330-5094  
E-mail: [cochram1@dmicorp.com](mailto:cochram1@dmicorp.com)

April 15, 2003

**BY CERTIFIED MAIL**

Florida Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Dovenmuehle Mortgage, Inc.  
FEIN: 36-2435132

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation.  
Also enclosed is a check for \$150.00 for the filing fee.

Please contact me should you need additional information.

Sincerely,



Maryann Cochran

Enclosures