

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 830125 (1)  
1. Corporation Name  
SOURCE ONE MORTGAGE SERVICES CORPORATION

Principal Place of Business <b>27555 FARMINGTON ROAD P.O. BOX 1800 FARMINGTON HILLS MI 48334-3357 US</b>		Mailing Address <b>27555 FARMINGTON ROAD ATTN: MELINDA CAIN FARMINGTON HILLS MI 48334-3357 US</b>		<b>3.</b> Date incorporated or Qualified <b>05/22/1973</b> <b>3a.</b> Date of Last Report <b>05/01/1995</b>	
<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address		<b>4.</b> FEI Number <b>38-2011419</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>21.</b> Suite, Apt. #, etc		<b>26.</b> Suite, Apt. #, etc		<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>22.</b> City & State		<b>27.</b> City & State			
<b>23.</b> Zip		<b>28.</b> Zip			
<b>24.</b> Country		<b>29.</b> Country			
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				<b>81.</b> Name <b>82.</b> Street Address (P.O. Box Number is Not Acceptable) <b>83.</b> <b>84.</b> City <b>FL</b> <b>85.</b> Zip Code	
<b>11.</b> 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 _____ <small>(Signature must be printed name of registered agent and must attach to form)</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE	NAME	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	ALLEMANG, MICHAEL C		2. NAME		
CITY - ST - ZIP	3475 RIDGELINE COURT ANN ARBOR MI		3. STREET ADDRESS		
TITLE	CT	<input type="checkbox"/> DELETE	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANSSEN, MARK A.		5. TITLE		
STREET ADDRESS	5830 INVERRARY		6. NAME		
CITY - ST - ZIP	MILFORD MI		7. STREET ADDRESS		
TITLE	CD	<input type="checkbox"/> DELETE	8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, ROBERT W.		9. TITLE		
STREET ADDRESS	2323 ADDEALEEN		10. NAME		
CITY - ST - ZIP	HIGHLAND MI		11. STREET ADDRESS		
TITLE	VSD	<input type="checkbox"/> DELETE	12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENSMORE, ROBERT R.		13. TITLE		
STREET ADDRESS	35333 STRATTON HILL CT.		14. NAME		
CITY - ST - ZIP	FRAMINGTON HILLS MI		15. STREET ADDRESS		
TITLE	AVP	<input type="checkbox"/> DELETE	16. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAIN, MELINDA F		17. TITLE		
STREET ADDRESS	19297 MAYFLOWER		18. NAME		
CITY - ST - ZIP	PLMOUTH MI		19. STREET ADDRESS		
TITLE	DP	<input type="checkbox"/> DELETE	20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONRAD, JAMES A.		21. TITLE		
STREET ADDRESS	5952 SEVILLE CIRCLE		22. NAME		
CITY - ST - ZIP	ORCHARD LAKE MI		23. STREET ADDRESS		
			24. CITY - ST - ZIP		
<b>14.</b> I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <i>Melinda F. Cain</i>			4-30-96      (810)488-7000 <small>Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Melinda F. Cain - Vice President</b>					

CB2F034 (12/95)