

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 8:42

DOCUMENT # **831352** (0)

1. Corporation Name  
**PNC MORTGAGE CORP. OF AMERICA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**% JOHN W. LAUBER**  
**440 N FAIRWAY DR**  
**VERNON HILLS IL 60061**  
**US**

3. Date Incorporated or Qualified **11/30/1973** 3a. Date of Last Report **03/07/1994**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>34-0898643</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD</b> <b>PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
<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	

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DCP</b>	<b>KLEIN, WALTER C., JR.</b> 335 GREEN BAY RD. LAKE FOREST IL	1.1 TITLE <b>CHAIRMAN, CEO, and DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME <b>WALTER C. KLEIN, JR.</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>335 GREEN BAY ROAD</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>LAKE FOREST, IL</b>	
TITLE <b>V</b>	<b>LAUBER, JOHN W</b> 4801 W HUNTING PARK FRANKLIN WI	2.1 TITLE <b>CONTROLLER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<b>HERMAN, MARC</b> 2500 LAKE COOK ROAD RIVERWOODS IL	3.1 TITLE <b>EVP, CFO, and TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>ROBERT V. BURTON</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>440 N. FAIRWAY DR.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>VERNON HILLS, IL 60061</b>	
TITLE <b>EV</b>	<b>SMITH, J. CLARKE</b> 311 E ESTATE LANE LAKE FOREST IL	4.1 TITLE <b>CHIEF COMPLIANCE COUNCIL and SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>THOMAS L. KING</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>440 N. FAIRWAY DR.</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>VERNON HILLS, IL 60061</b>	
TITLE <b>V</b>	<b>RIDGE, RICHARD D.</b> 2 S. 585 DANBURY DR GLEN ELLYN IL	5.1 TITLE <b>EXECUTIVE VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>MARK ULMER</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>440 N FAIRWAY DR.</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>VERNON HILLS, IL 60061</b>	
TITLE <b>EV</b>	<b>NAQVI, SAIYID T.</b> 1442 LORI LYNN LANE NORTHBROOK IL	6.1 TITLE <b>PRESIDENT, DIRECTOR, and</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>CHIEF OPERATING OFFICER</b>	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: VICE PRESIDENT/CONTROLLER JANUARY 10, 1995 (700) 549-2301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)