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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 831352 (0)

1. Corporation Name
PNC MORTGAGE CORP. OF AMERICA



Principal Place of Business:

% JOHN W. LAUBER
 440 N FAIRWAY DR
 VERNON HILLS IL 60061
 US

Mailing Address

440 N FAIRWAY DRIVE
 VERNON HILLS IL 60061-1836
 US

3. Date Incorporated or Qualified: **11/30/1973**
 3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business:

21 **75 N. Fairway Drive**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

2a. Mailing Address

26 **75 N. Fairway Drive**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number: **34-0898643**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, WALTER C., JR.	
STREET ADDRESS	335 GREEN BAY RD.	
CITY - ST - ZIP	LAKE FOREST IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAUBER, JOHN W	
STREET ADDRESS	4801 W HUNTING PARK	
CITY - ST - ZIP	FRANKLIN WI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, MARC	
STREET ADDRESS	2500 LAKE COOK ROAD	
CITY - ST - ZIP	RIVERWOODS IL	
TITLE	EV	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, J. CLARKE	
STREET ADDRESS	311 E ESTATE LANE	
CITY - ST - ZIP	LAKE FOREST IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RIDGE, RICHARD D.	
STREET ADDRESS	2 S. 585 DANBURY DR	
CITY - ST - ZIP	GLEN ELLYN IL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	NAQVI, SAIYID T.	
STREET ADDRESS	1442 LORI LYNN LANE	
CITY - ST - ZIP	NORTHBROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas L. King	
1.3 STREET ADDRESS	75 N. Fairway Dr.	
1.4 CITY - ST - ZIP	Vernon Hills, IL 60061	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	75 N. Fairway Dr.	
2.4 CITY - ST - ZIP	Vernon Hills, IL 60061	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James H. Rohr	
3.3 STREET ADDRESS	249 Fifth Ave. One PNC Plaza	
3.4 CITY - ST - ZIP	Pittsburgh, PA 15222	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruce Robbins	
4.3 STREET ADDRESS	249 Fifth Ave. One PNC Plaza	
4.4 CITY - ST - ZIP	Pittsburgh, PA 15222	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Randall C. King	
5.3 STREET ADDRESS	249 Fifth Ave. One PNC Plaza	
5.4 CITY - ST - ZIP	Pittsburgh, PA 15222	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	75 N. Fairway Dr.	
6.4 CITY - ST - ZIP	Vernon Hills, IL 60061	

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: John Lauber (847) 549-2301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)