


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90017 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 831352

1. Corporation Name
PNC MORTGAGE CORP. OF AMERICA

Principal Place of Business % JOHN W. LAUBER 75 NORTH FAIRWAY DR. VERNON HILLS IL 60061 US	Mailing Address % JOHN W. LAUBER 75 NORTH FAIRWAY DR. VERNON HILLS IL 60061 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
--	---

3. Date Incorporated or Qualified 11/30/1973	
4. FEI Number 34-0898643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MOORE, THOMAS R	
STREET ADDRESS	75 N FAIRWAY DR	
CITY-ST-ZIP	VERNON HILLS IL 60061	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAUBER, JOHN W	
STREET ADDRESS	75 N FAIRWAY DR	
CITY-ST-ZIP	VERNON HILLS IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROHR, JAMES H	
STREET ADDRESS	249 5TH AVE ONE PNC PLAZA	
CITY-ST-ZIP	PITTSBURG PA 15222	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, BRUCE	
STREET ADDRESS	249 5TH AVE ONE PNC PLAZA	
CITY-ST-ZIP	PITTSBURG PA 15222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, RANDALL C	
STREET ADDRESS	249 5TH AVE ONE PNC PLAZA	
CITY-ST-ZIP	PITTSBURG PA 15222	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAQVI, SAIYID T.	
STREET ADDRESS	75 N FAIRWAY DR	
CITY-ST-ZIP	VERNON HILLS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director Richard J. Lovett
3.3 STREET ADDRESS	75 North Fairway Drive
3.4 CITY-ST-ZIP	Vernon Hill IL 60061
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director Peter M. Ross
4.3 STREET ADDRESS	75 North Fairway Drive
4.4 CITY-ST-ZIP	Vernon Hill IL 60061
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(847) 549-2301
 Date _____ Daytime Phone # _____

CR2E034 (1/198)