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Apr 08 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838693

(0)

1. Corporation Name

FORESTVIEW MORTGAGE INSURANCE CO.

Principal Place of Business

601 MONTGOMERY ST
P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

Mailing Address

601 MONTGOMERY ST
P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

3. Date Incorporated or Qualified

06/30/1977

3a. Date of Last Report

02/14/1996

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

4. FEI Number

04-2199056

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME KALAJDIAN, EMMA M
STREET ADDRESS 2775 SANDERS ROAD, A8
CITY- ST- ZIP NORTHBROOK ILTITLE D ☐ DELETE
NAME PILCH, SAMUEL H
STREET ADDRESS 3075 SANDERS ROAD, H1A
CITY- ST- ZIP NORTHBROOK ILTITLE PD ☐ DELETE
NAME WILSON, THOMAS J
STREET ADDRESS 2775 SANDERS ROAD, F8
CITY- ST- ZIP NORTHBROOK ILTITLE TV ☐ DELETE
NAME ZILS, JAMES P
STREET ADDRESS 2775 SANDERS ROAD, B3
CITY- ST- ZIP NORTHBROOK ILTITLE V ☐ DELETE
NAME FEIGHTNER, PAUL M
STREET ADDRESS 3075 SANDERS ROAD, H1A
CITY- ST- ZIP NORTHBROOK IL 60082TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Gardner, Karen C.
6.3 STREET ADDRESS 2775 Sanders Road, G2B
6.4 CITY- ST- ZIP Northbrook, IL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emma M. Kalaidjian, Secretary (847) 402-7890

Date Daytime Phone #

CP2E034 (9/96)