

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90036 010 \*\*\*150.00

DOCUMENT # 840391

1. Corporation Name

WATERFIELD MORTGAGE COMPANY, INCORPORATED

Principal Place of Business

ATTN: JANE KERNS  
7500 WEST JEFFERSON BOULEVARD  
FORT WAYNE IN 46804-4132  
US

Mailing Address

ATTN: JANE KERNS  
7500 WEST JEFFERSON BOULEVARD  
FORT WAYNE IN 46804-4132  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1978

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

35-0742323

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

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 ☐ DELETE

NAME DUNLAP, MICHAEL J.

STREET ADDRESS 7500 W JEFFERSON BLVD

CITY-ST-ZIP FT WAYNE IN

TITLE ☐ DELETE

NAME CHAPMAN, HOWARD

STREET ADDRESS 215 EAST BERRY STREET

CITY-ST-ZIP FT WAYNE IN

TITLE ☐ DELETE

NAME WATERFIELD, RICHARD D

STREET ADDRESS 7500 W JEFFERSON BLVD.

CITY-ST-ZIP FT WAYNE IN

TITLE ☐ DELETE

NAME SHERMAN, DONALD A.

STREET ADDRESS 7500 W JEFFERSON BLVD.

CITY-ST-ZIP FT WAYNE IN

TITLE ☐ DELETE

NAME WEST, THOMAS M

STREET ADDRESS 7500 W JEFFERSON BLVD

CITY-ST-ZIP FT WAYNE IN

TITLE ☐ DELETE

NAME WALDMAN, MICHAEL W

STREET ADDRESS 7500 W JEFFERSON BLVD.

CITY-ST-ZIP FT WAYNE IN

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-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Michael J. Dunlap* REQUIRED

Michael J. Dunlap 04/21/99 219/434-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)