

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 APR 18 PM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 846127 (9)
1. Corporation Name
PNC MORTGAGE SECURITIES CORP.

Principal Place of Business Mailing Address
C/O JOHN LAUBER 440 N FAIRWAY DRIVE
440 N FAIRWAY DR C/O JOHN W LAUBER
VERNON HILLS IL 60061 VERNON HILLS IL 60061
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/13/1980 3a. Date of Last Report 04/06/1994
4. FEI Number 94-2528990 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

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

9. Name and Address of Current Registered Agent
C T 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | VP |
| NAME | LAUBER, JOHN W |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |
| TITLE | C |
| NAME | KLEIN, WALTER C., JR. |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |
| TITLE | S |
| NAME | BROOKSAET, JULANE |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |
| TITLE | PD |
| NAME | NAQUI, SAIYID |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |
| TITLE | T |
| NAME | SLAWIN, KEVIN R |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |
| TITLE | DCFO |
| NAME | BURTON, ROBERT |
| STREET ADDRESS | 440 N FAIRWAY DR |
| CITY - ST - ZIP | VERNON HILLS IL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | CONTROLLER | <input type="checkbox"/> Change <input checked="" 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 | JULANE BROOKS ALT | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 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 | EXECUTIVE VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 119.07(3)(b), 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 11, 1995 (708) 549-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #