

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1 of 2

DOCUMENT # **846127** (9)

1. Corporation Name

**PNC MORTGAGE SECURITIES CORP.**



Principal Place of Business

Mailing Address

C/O JOHN LAUBER  
440 N FAIRWAY DR  
VERNON HILLS IL 60061  
US

440 N FAIRWAY DRIVE  
C/O JOHN W LAUBER  
VERNON HILLS IL 60061  
US

3. Date Incorporated or Qualified <b>06/13/1980</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>94-2528990</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 or director (applicable)

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LAUBER, JOHN W</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>new list attached</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>KLEIN, WALTER C., JR.</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALT, JULANE B</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NAQUI, SAJIYD</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SLAWIN, KEVIN R</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>BURTON, ROBERT</b> <b>440 N FAIRWAY DR</b> <b>VERNON HILLS IL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 W. Lauber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Lauber 1-17-96

DATE

(708) 549-2301

DAYTIME PHONE #

CR2E034 (12/95)

282

**PNC MORTGAGE SECURITIES CORP.  
PRINCIPAL OFFICERS AND DIRECTORS  
AS OF JANUARY 1, 1996**

**Saiyid T. Naqvi**  
440 N. Fairway Dr.  
Vernon Hills, IL 60061  
**President and Director**

**John W. Lauber**  
440 N. Fairway Dr.  
Vernon Hills, IL 60061  
**Vice President and Controller**

**Thomas G. Lehmann**  
440 N. Fairway Dr.  
Vernon Hills, IL 60061  
**Vice President, Secretary, and General Counsel**

**Jim Rohr**  
One PNC Plaza  
5th and Wood St.  
Pittsburgh, PA 15222  
**Director**

**David Williams**  
440 N. Fairway Dr.  
Vernon Hills, IL 60061  
**CFO, Director, and Senior Vice President**

**Alex Topping, Jr.**  
440 N. Fairway Dr.  
Vernon Hills, IL 60061  
**Senior Vice President and Director**