

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

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 846127 (9)**

1. Corporation Name:  
**PNC MORTGAGE SECURITIES CORP.**



Principal Place of Business:

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

Mailing Address:

**440 N FAIRWAY DRIVE  
 C/O JOHN W LAUBER  
 VERNON HILLS IL 60061-1636  
 US**

3. Date Incorporated or Qualified <b>06/13/1980</b>	3a. Date of Last Report <b>04/16/1996</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 <b>75 N. Fairway Drive</b>	2a. Mailing Address 26 <b>75 N. Fairway Drive</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUBER, JOHN W</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KLEIN, WALTER C., JR.</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALT, JULANE B</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>NAQUI, SAIYID</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLAWIN, KEVIN R</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURTON, ROBERT</b>	
STREET ADDRESS	<b>440 N FAIRWAY DR</b>	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>75 N. Fairway Drive</b>	
1.4 CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Thomas J. Lehmann</b>	
2.3 STREET ADDRESS	<b>75 N. Fairway Drive</b>	
2.4 CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>	
3.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Douglas H. Burr</b>	
3.3 STREET ADDRESS	<b>75 N. Fairway Drive</b>	
3.4 CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Saiyid Naqvi</b>	
4.3 STREET ADDRESS	<b>75 N. Fairway Drive</b>	
4.4 CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Richard J. Lovett</b>	
5.3 STREET ADDRESS	<b>75 N. Fairway Drive</b>	
5.4 CITY-ST-ZIP	<b>Vernon Hills, IL 60061</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>James Rohr</b>	
6.3 STREET ADDRESS	<b>249 Fifth Ave. One PNC Plaza</b>	
6.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15222</b>	

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: **John Lauber** (847) 549-2301  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)