

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90226 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 846127

1. Corporation Name
PNC MORTGAGE SECURITIES CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
75 N FAIRWAY DRIVE
VERNON HILLS IL 60061
US

Mailing Address
75 N FAIRWAY DRIVE
C/O JOHN W LAUBER
VERNON HILLS IL 60061
US

3. Date Incorporated or Qualified
06/13/1980

4. FEI Number
94-2528990

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUBER, JOHN W	1.2 NAME	
STREET ADDRESS	75 N FAIRWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMANN, THOMAS J	2.2 NAME	
STREET ADDRESS	75 N FAIRWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, DOUGLAS H	3.2 NAME	
STREET ADDRESS	75 N FAIRWAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAQUI, SAIYID	4.2 NAME	
STREET ADDRESS	75 N FAIRWAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON HILLS IL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, RICHARD J	5.2 NAME	D. Michael L. Parker
STREET ADDRESS	75 N FAIRWAY DR	5.3 STREET ADDRESS	75 North Fairway Drive
CITY-ST-ZIP	VERNON HILLS IL	5.4 CITY-ST-ZIP	Vernon Hills IL 60061
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHR, JAMES	6.2 NAME	
STREET ADDRESS	249 FIFTH AVE ONE PNC PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	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: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(847) 549-2301

Daytime Phone #

CR2E034 (1/98)