FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848916** **(3)**

1. Corporation Name

INDEPENDENCE ONE MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
300 GALLERIA OFFICE CENTRE SOUTHFIELD MI 48034 US	PO BOX 5076 SOUTHFIELD MI 48086-5076 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/23/1981**
3a. Date of Last Report: **04/18/1994**

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:

4. FEI Number: **38-2340160** ☐ 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

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 _____ 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	PDC	11 TITLE	PDC ☒ Change ☐ Addition
NAME	[illegible] Delete	12 NAME	Joseph J. Whiteside
STREET ADDRESS	300 GALLERIA OFFICENTRE	13 STREET ADDRESS	27777 Inkster Rd
CITY-ST-ZIP	SOUTHFIELD MI	14 CITY-ST-ZIP	Farmington Hills, MI 48333
TITLE	SVTD	21 TITLE	VP ☒ Change ☐ Addition
NAME	[illegible] Delete	22 NAME	Anne M. Beck
STREET ADDRESS	ERMATINGER, TIMOTHY, J.	23 STREET ADDRESS	27777 Inkster Rd.
CITY-ST-ZIP	SOUTHFIELD MI	24 CITY-ST-ZIP	Farmington Hills, MI 48333
TITLE	EV	31 TITLE	D ☒ Change ☐ Addition
NAME	[illegible] Delete	32 NAME	Douglas E. Ebert
STREET ADDRESS	300 GALLERIA OFFICENTRE	33 STREET ADDRESS	27777 Inkster Rd
CITY-ST-ZIP	SOUTHFIELD MI	34 CITY-ST-ZIP	Farmington Hills, MI 48333
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	[illegible] Delete	42 NAME	
STREET ADDRESS	29777 KENLOCH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	[illegible] Delete	52 NAME	
STREET ADDRESS	3418 COVEY TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	MISSOURI CITY TX	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Anne M. Beck 4/11/95 (810)350-6119
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Anne M. Beck

0407087 FP