

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 48066-5076
US**

3. Date Incorporated or Qualified
04/23/1981

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **27777 Inkster Road**

26 **P.O. Box 9065**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MC 10-95**

27 **MC 10-95**

City & State

City & State

23 **Farmington Hills, MI**

28 **Farmington Hills, MI**

Zip

Country

Zip

Country

24 **48334**

25 **USA**

29 **48333**

30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**CT 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, Speed or print name of registered agent for 11th time

Signature, Speed or print name of registered agent for 11th time

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE
NAME **WHITESIDE, JOSEPH J**
STREET ADDRESS **27777 INKSTER RD**
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **VP** ☐ DELETE
NAME **BECK, ANNE M**
STREET ADDRESS **27777 INKSTER RD**
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **D** ☐ DELETE
NAME **EBERT, DOUGLAS E**
STREET ADDRESS **27777 INKSTER RD**
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **VP** ☒ DELETE
NAME **DEGRADI, FRANK S.**
STREET ADDRESS **29777 KENLOCH AVE.**
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **VP** ☒ DELETE
NAME **LEONETTI, DAMON J.**
STREET ADDRESS **3418 COVEY TRAIL**
CITY-ST-ZIP **MISSOURI CITY TX**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PDC** ☒ Change ☐ Addition
2. NAME **Robert J. Hutchinson**
3. STREET ADDRESS **27777 Inkster Road**
4. CITY-ST-ZIP **Farmington Hills, MI 48334**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ Change ☒ Addition
14. NAME **Secretary**
15. STREET ADDRESS **Heidi Bulich**
16. CITY-ST-ZIP **27777 Inkster Road**
Farmington Hills, MI 48334

17. TITLE ☐ Change ☒ Addition
18. NAME **Treasurer**
19. STREET ADDRESS **Robert Panizzi**
20. CITY-ST-ZIP **27777 Inkster Road**
Farmington Hills, MI 48334

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne M. Beck

4/1/96
Date

810 473-3492
Office Phone #

CR2E034 (12/95)