

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848916

FILED
Apr 30, 2004
Secretary of State

Entity Name: INDEPENDENCE ONE MORTGAGE CORPORATION

Current Principal Place of Business:

2600 W. BIG BEAVER ROAD
TROY, MI 48084 US

New Principal Place of Business:

Current Mailing Address:

135 S. LASALLE STREET
SUITE 860
CHICAGO, IL 60603 US

New Mailing Address:

FEI Number: 38-2340160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BECK, ANNE M
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084 US

Title: S () Delete
Name: BULICH, HEIDI
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084 US

Title: VP () Delete
Name: EISENBERG, MARTIN L
Address: 135 S. LASALLE STREET
City-St-Zip: CHICAGO, IL 60603 IL

Title: D () Delete
Name: VANSWEARINGEN, CHARLES
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: TENYAK, CAROL L
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TENYAK, CAROL L
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084 US

Title: P/D () Change (X) Addition
Name: GEARY, RICHARD F
Address: 2600 W. BIG BEAVER ROAD
City-St-Zip: TROY, MI 48084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN L. EISENBERG

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date