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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855560

(9)

FIRST CHICAGO NBD MORTGAGE COMPANY

David and David							
Principal Place of Business Mailing Address Mailing Address Mailing Address							
900 TOWER DR TROY MI 48098		PO BOX 33287 DETROIT MI 48232-5287					
					Date Incorporated or Qualified 02/17/1983	3a, Date of Last F 05/01/1996	Report
2. Principal Place of Business		28. Mailing Address			4, FEI Number		pplied for
Suite, Apt. #, etc.		Suite, Apt. #, etc.		38-2027712		ot Applicable Additional	
Suite, Apr.	w, etc.	27			5. Certificate of Status Desired		equired
City & State	9	City & State			6. Election Campaign Financing		May Bo
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zψ	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for it	ntangible tax under:	s 199 032,
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		······································	10, Name and Address of New Reg	jistered Agent	
	CORPORATION SYSTEM		81	Name			
	SOUTH PINE ISLAND ROAD		82 Street Ad		dress (P.O. Box Number is Not Acceptab	ю)	
PLAI	NTATION FL 33324		83				
						-	
			84	City		FL 85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	Le-named cor	rporation submits this statement for the pation's board of directors. Thereby accep		its registered
office or re agent. I a	egi <mark>ster</mark> ed agent, or both, in the Stat <mark>m familiar with, and accept the obli</mark> j	e of Florida. Such change was gations of, Section 607.0505, F	authorized by lorida Statute	y the corpora s.	ation's board of directors. I hereby accep	I the appointment as	s registered
SIGNATURE					uired when reinstating)	DATE	
12.	Signature typed or printed name of registered at OFFICERS AT	VD DIRECTORS	11 Rog skred Agr	nik signafilire redu	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	OP OF THE PARTY OF	DELETE	1.1 TO LE	I	7,001,010,011,111,010,10	☐ Change	Addition
NAME	SCHWAB, JOHN D.		1.2 NAME			— :	
STREET ADDRESS	900 TOWER DRIVE		1.3 STREET	ADDRESS		•	
CITY-ST-ZIP	TROY MI 48098		1,4 C(1)Y - 5	61-7IF			
TITLE	V	DELETE	2.1 1111.6			Change	Additio
NAME	SWAN, PAUL		2.2 NAME				
STREET ADDRESS	900 TOWER DR		2 3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CiTY -	S1 - ZiP	<u></u>		
TITLE	DS	☐ DELĒTE	3.1 1111.6			☐ Change	∐ Additio
NAME	LIS, DANIEL T		3.2 NAME				
STREET ADDRESS	611 WOODWARD		3.3 \$TREE	ADDRESS			
CITY-ST-ZIP	DETROIT MI 48232		3 4. CITY -	\$1 - 7(P			1.320
TITLE	T IOON IOUNI	DELETE	4170CE			Change	Additio
NAME	HOOD, JOHN		4 2 NAME				
STREET ADDRESS	900 TOWER DR			ADDRESS			
CITY-ST-ZIP	TROY MI 48098	DELETE	4.4 GITY-5	51-7P		Change	Additio
TITLE	AT Shamus, Jon	[] D(11.1);	5 2 NAME			ட பாளிம்	Additio
STREET ADDRESS	611 WOODWARD			I ADDRESS			
	DETROIT MI 48232		54 CIIY-5	i			
CITY-ST-ZIP TITLE	V	DELETE 611				☐ Change	Add tio
NAME	O'BYRNE, CORMAC		62 NAME	İ			
STREET ADDRESS	900 TOWER DRIVE			ADDRESS			
CITY-ST-ZIP	TROY MI 48098		6.4 CHY-3				
14. I do herel	by certify that the information supplied	ed with this hijng does not qua	lify for the exe	emption state	od in Section 119.07(3)(i), Florida Statutes	s. I further certify tha	t the
l am an o	m indicated on this annual report or flicer or director of the corporation in Block 12 or Block 13 if changed.	or the receiver or trustee empo	wered to exec	orate and tha cute this repo	at my signature shall have the same loga ort as required by Chapter 607, Florida S	reflect as it made of tatutes; and that my	nder eath; th name

SIGNATURE:

4/2/97 7

312-407-8120

FILED

May 14 1997 8:00am

Secretary of State

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