

Document Number Only

B95000 000149

C T CORPORATION SYSTEM

Requestor's Name
1311 Executive Center Drive, Ste. 200

Address
Tallahassee, FL 32301 (904) 656-8298

City State Zip Phone

700001471017
-05/02/95--01116--019
***1785.00 ***1785.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 26 PM 4:22

CORPORATION(S) NAME

The Home Mortgage Network, Limited Partnership

- Profit Amendment Merger
- NonProfit Dissolution/Withdrawal Mark
- Foreign Annual Report Other
- Limited Partnership Reservation Change of R.A.
- Reinstatement Photo Copies Fictitious Name
- Certified Copy CUS / G/S
- Call When Ready Call if Problem After 4:30
- Walk In Will Wait Pick Up
- Mail Out

W. J. ...

Name	
Availability	13/17
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

4/26/95 3:00
4/17/95

PLEASE RETURN EXTRA COPY(S) FILE STAMPED

G. TAX _____

FILING _____ 17.50

R. AGENT FEE _____ 3.5

C. COPY _____

TOTAL _____ 17.85

N. BANK _____

BALANCE DUE _____

REFUND _____

4/24/95
3/12

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. The Home Mortgage Network, Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. March 6, 1995
(State of Formation) (Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM
Adrienne M. Jacklin
(Officer must sign on this line)

Adrienne M. Jacklin, Assistant Secretary
(Type Name and Title of Officer)

8. 1209 Orange Street, Wilmington, DE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

THMN, INC.

F95 000001564

SPECIFIC ADDRESS

565 Lakeview Parkway, Suite 210
Vernon Hills, IL 60061

10. 565 Lakeview Parkway, Suite 210, Vernon Hills, IL 60061
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 565 Lakeview Parkway, Suite 210, Vernon Hills, IL 60061
(Mailing Address of Limited Partnership)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 26 PM 4:22

This 3rd day of April, 19 95.

Julie A. Lucas
General Partner
TMN, INC.
Julie A. Lucas, Assistant Secretary

STATE OF ILLINOIS

COUNTY OF LAKE

THE FOREGOING instrument was acknowledged and sworn to before me this 3rd day of April, 19 95, by TMN, INC. (Name of General Partner) of

The Home Mortgage Network, Limited Partnership
(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Dolores M. Kress

Notary Public
State of Illinois at Large

(SEAL) My Commission Expires:
10/25/98

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
95 APR 26 PM 1:22
ILLINOIS

"OFFICIAL SEAL"
DOLORES M. KRESS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/25/98

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared TMN, INC., a general partner of The Home Mortgage Network, Limited Partnership, a (an) Delaware, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 1,980,000.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200,000.00.

This 3rd day of April, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

Julie A. Lucas
TMN, INC. Julie A. Lucas, Assistant Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 26 PM 4: 22

STATE OF ILLINOIS
COUNTY OF LAKE
DATE April 3, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared TMN, INC. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 3rd day of April, 1995.

Dolores M. Kress
Notary Public

State of Illinois at Large
My Commission Expires: 10/25/98



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 OCT -9 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
THE HOME MORTGAGE NETWORK, LIMITED PARTNERSHIP

1a. DOCUMENT #
B9500000149

2. New Mailing Address, if Applicable
Suite, Apt #, etc
400001615664
City, State & Zip
-10/20/95--01017--005
*******576.25 *****576.25**

Mailing Address
**585 LAKEVIEW PARKWAY, SUITE 210
VERNON HILLS IL 60081**

Principal Office Address
**1200 ORANGE STREET
WILMINGTON DE 19801**

2a. New Principal Office Address, if Applicable
Suite, Apt #, etc
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA 04/26/1995

3a. Date of Last Report

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on Record
\$200,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$200,000.00

6. FEI Number
36-3998469

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
 Assisted in the preparation of the annual report

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.182, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
THM, INC.	686 LAKEVIEW PARKWAY, Ste 210 565	VERNON HILLS IL 60081	F9500001500
		AR - \$437.50 SF - \$138.75	
		10-12-95aw	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE The Home Mortgage Network, Limited Partnership
By: THM, Inc. General Partner Tony M. Cordera DATE 9/27/95
its Vice President
Typed or Printed Name of General Partner Signing Form Tony M. Cordera, Vice President Telephone Number 708-247-6100

CR2E003 (6/95)