

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 26 AM 11:35



1. Name of Limited Partnership

1a. DOCUMENT #
B95000000149

THE HOME MORTGAGE NETWORK, LIMITED PARTNERSHIP

Mailing Address

~~565 LAKEVIEW PARKWAY, SUITE 210~~
~~VERNON HILLS IL 60061~~

Principal Office Address

~~565 LAKEVIEW PARKWAY, SUITE 210~~
~~VERNON HILLS IL 60061~~

3. Date Formed or Registered

04/26/1995

5a. Capital Contributions as
Shown on record.

\$200,000.00

3a. Date of Last Report

03/14/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

0

4. State or Country of Formation

DE

6. FEI Number

36-3998469

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
6000 Atrium Way

2a. Principal Office Address
6000 Atrium Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. Laurel, NJ

City & State

Mt. Laurel, NJ

Zip Country

08054 Burlington

08054 Burlington

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 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

THMN, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

565 LAKEVIEW PARKWAY,

11b. City, State & Zip Code

VERNON HILLS IL 60061

11c. Registration/
Document Number

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RWM

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

Robert E. Groody

DATE 9/18/97

Typed or Printed Name of General Partner Signing Form

Robert E. Groody

Daytime Telephone Number 609-439-6000

CR2E003 (6/97)