2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000638

Title:

Name:

Address:

City-St-Zip:

Entity Name: HOME EQUITY OF AMERICA, INC

FILED Jan 16, 2004 Secretary of State

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Current Pr	incipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
	33RD AVENUE ILLE, IN 46410		NORTH TOWER	1000 EAST 80TH PLACE NORTH TOWER MERRILLVILLE, IN 46410	
Current Ma	ailing Address	:	New Mailing Address	New Mailing Address:	
701 EAST 83RD AVENUE MERRILLVILLE, IN 46410			NORTH TOWER	1000 EAST 80TH PLACE NORTH TOWER MERRILLVILLE, IN 46410	
FEI Number:	31-1707549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent					
1201 HAYS TALLAHAS	SEE, FL 3230	12525 US	urness of changing its registeres	l office or registered agent or both	
in the State		ibmits this statement for the p	urpose of changing its registered	l office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	nt	Date	
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [SCHAEFER, GEO 38 FOUNTAIN SO CINCINNATI, OH	QUARE PLAZA	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP () I BAKER, MICHAE 38 FOUNTAIN SO CINCINNATI, OH	QUARE PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS ()[MORRIS, GWEN 38 FOUNTAIN SO CINCINNATI, OH	QUARE PLAZA	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AS () I PAUL, THERESE 38 FOUNTAIN SO CINCINNATI, OH	QUARE PLAZA	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE A SCHAEFER JR PD 01/16/2004

() Delete

38 FOUNTAIN SQUARE PLAZA

NIEHAUS, ROBERT P

CINCINNATI, OH 45263

() Change () Addition