

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90893 011 ***150.00

DOCUMENT # F01000002459

1. Entity Name
FIRST BANC MORTGAGE, INC.

Principal Place of Business

**11901 OLIVE BLVD.
 CREVE COEUR MO 63141**

Mailing Address

**11901 OLIVE BLVD.
 CREVE COEUR MO 63141**

2. Principal Place of Business
135 N. Meramec

3. Mailing Address
600 James S. McDonnell Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
c/o Tax Dept

City & State

Clayton, MO

City & State

Hazelwood, MO

Zip
63105

Country
USA

Zip
63042

Country
USA

4. FEI Number

43-1891413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **TURCAN, MARK T**
 STREET ADDRESS **135 N. MERAMEC**
 CITY-ST-ZIP **CLAYTON MO 63105**

TITLE **VD** ☐ Delete
 NAME **SCHMERSAHL, JUDITH A**
 STREET ADDRESS **135 N. MERAMEC**
 CITY-ST-ZIP **CLAYTON MO 63105**

TITLE **SD** ☐ Delete
 NAME **ALEXANDER, KATHY**
 STREET ADDRESS **135 N. MERAMEC**
 CITY-ST-ZIP **CLAYTON MO 63105**

TITLE **TD** ☐ Delete
 NAME **HOOPS, RISA CAROLE**
 STREET ADDRESS **135 N. MERAMEC**
 CITY-ST-ZIP **CLAYTON MO 63105**

TITLE **V** ☐ Delete
 NAME **CARSON, ANNETTE R**
 STREET ADDRESS **11901 OLIVE BLVD.**
 CITY-ST-ZIP **CREVE COEUR MO 63141**

TITLE **AS** ☒ Delete
 NAME **GAHN, JOSEPHINE**
 STREET ADDRESS **11901 OLIVE BLVD.**
 CITY-ST-ZIP **CREVE COEUR MO 63141**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Turkcan, Mark T.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **600 James S. McDonnell Blvd.**
 CITY-ST-ZIP **Hazelwood, MO 63042**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1190 Meramec Station Rd.**
 CITY-ST-ZIP **Ballwin, MO 63021**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annette Carson* **RE ANNETTE R Carson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-02

(314) 592-6615

Daytime Phone #

CR2E034 (9/01)