

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90115 047 \*\*\*150.00

**DOCUMENT # F01000002459**

1. Entity Name  
**FIRST BANC MORTGAGE, INC.**



Principal Place of Business  
**135 N. MERAMEC  
CLAYTON MO 63105**

Mailing Address  
**600 JAMES S. MCDONNELL BLVD.  
C/O TAX DEPT.  
HAZELWOOD MO 63042**

**90014004**



2. Principal Place of Business  
**135 N. MERAMEC**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **43-1891413**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CJ CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE **V** ☐ Delete  
NAME **CARSON, ANNETTE R**  
STREET ADDRESS **600 JAMES S. MCDONNELL BLVD.**  
CITY-ST-ZIP **HAZELWOOD MO 63042**

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

TITLE **AS** ☐ Delete  
NAME **GAHN, JOSEPHINE**  
STREET ADDRESS **1190 MERAMEC STATION ROAD**  
CITY-ST-ZIP **BALLWIN MO 63021**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Annette R. Carson **1-27-03** (314) 592-6615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)