

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000004023

1. Entity Name
ABN AMRO MORTGAGE CORPORATION



Principal Place of Business
**135 SOUTH LASALLE STREET, SUITE 925
CHICAGO, IL 60603**

Mailing Address
**135 SOUTH LASALLE STREET, SUITE 925
CHICAGO, IL 60603**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-8860007

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

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

Name
CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

and/or

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

11. OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUL, JOSEPH 135 SOUTH LASALLE STREET, SUITE 925 CHICAGO, IL 60603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISENBERG, MARTIN L 135 SOUTH LASALLE STREET, SUITE 925 CHICAGO, IL 60603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIBLE, CLAYTON J JR. 135 SOUTH LASALLE STREET, SUITE 925 CHICAGO, IL 60603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLORES, KIRK P 135 SOUTH LASALLE STREET, SUITE 925 CHICAGO, IL 60603	<input type="checkbox"/> Delete
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*original copy was sent
5/1/03 through AIRBORNE*

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:

Jerome F. Papenfuss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2003 (312) 904-2109
Date Daytime Phone #

CR2E034 (10/02)