2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006322

Entity Name: RESMAE MORTGAGE CORPORATION

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
131 S DEAF STE 800 CHICAGO,		US	131 S. DEA CHICAGO,	RBORN ST. IL 60603 US		
Current Ma	ailing Addre	ess:	New Mailir	ng Address:		
131 S DEAF STE 800 CHICAGO,		US	131 S. DEA CHICAGO,	RBORN ST. IL 60603 US		
FEI Number:	42-2034483	FEI Number Applied For ()	FEI Number Not Appli	cable () Certific	ate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Re	gistered Agent:	
C/O C T CC 1200 SOUT	DRATION SY DRPORATIC TH PINE ISLA DN, FL 3332	N SYSTEM AND RD				
The above r in the State		submits this statement for the purp	oose of changing it	s registered office or	registered agent, or both,	
SIGNATUR	E:					
	Electro	nic Signature of Registered Agent			Date	
Election Cam	paign Financii	ng Trust Fund Contribution ().				
OFFICERS	AND DIREC	CTORS:	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD (COSTA, RANI 131 S DEARB CHICAGO, IL	ORN	Title: Name: Address: City-St-Zip:	PD (X) Change COSTA, RANDALL D 131 S. DEARBORN ST. CHICAGO, IL 60603	() Addition	
Title: Name: Address: City-St-Zip:	VD (MARINO, JAW 131 S DEARB CHICAGO, IL	ORN	Title: Name: Address: City-St-Zip:	EVPD (X) Change MARINO, JAMES M 131 S. DEARBORN ST. CHICAGO, IL 60603	() Addition	
Title: Name: Address: City-St-Zip:	S (DIXON, JULIE 131 S DEARB CHICAGO, IL	ORN	Title: Name: Address: City-St-Zip:	AS (X) Change DIXON, JULIANNE C 131 S. DEARBORN ST. CHICAGO, IL 60603	() Addition	
Title: Name: Address: City-St-Zip:	V (MILLER, CHR 131 S DEARB CHICAGO, IL	ORN	Title: Name: Address: City-St-Zip:	CSOV (X) Change MILLER, CHRISTOPHER 131 S. DEARBORN ST. CHICAGO, IL 60603	()Addition ₹S	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CFO () Change REEDER, BRIAN 131 S. DEARBORN ST. CHICAGO, IL 60603	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MANDELINE HENDRICKS POA 03/19/2009