

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000841

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: COMPASS MORTGAGE LENDING, INC.

**Current Principal Place of Business:**

27755 DIEHL ROAD  
SUITE 300  
WARRENVILLE, IL 60555

**New Principal Place of Business:**

**Current Mailing Address:**

27755 DIEHL ROAD  
WARRENVILLE, IL 60555

**New Mailing Address:**

FEI Number: 36-4322204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: GRAHAM, DANIEL SCOTT  
Address: 27W330 WALLACE RD  
City-St-Zip: WHEATON, IL 60187

Title: S ( ) Delete  
Name: KOCHAN, CAROL M  
Address: 1011 SOUTHPORT AVE  
City-St-Zip: LISLE, IL 60532

Title: T ( ) Delete  
Name: WILLIAMSON, KEVIN A  
Address: 26W241 ARROW GLEN CT  
City-St-Zip: WHEATON, IL 60187

Title: D ( ) Delete  
Name: GRAHAM, RUSSELL J  
Address: 510 N ELLIS  
City-St-Zip: WHEATON, IL 60187

Title: D ( ) Delete  
Name: BOWEN, JAMES ALLEN  
Address: 415 W UNION  
City-St-Zip: WHEATON, IL 60187

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN A. WILLIAMSON

CFO

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date