2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# F04000005228

Entity Name: INDEPENDENT MORTGAGE COMPANY - SOUTH MICHIGAN

Current Principal Place of Business:

2390 WOODLAKE DRIVE, SUITE 300
OKEMOS, MI 48864

New Principal Place of Business:

Current Mailing Address:

2390 WOODLAKE DRIVE, SUITE 300
OKEMOS, MI 48864

New Mailing Address:

FEI Number: 38-3395567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	PD	( ) Delete
Name:	SWANSON, EDWARD B	
Address:	2390 WOODLAKE DRIVE, SUITE 300	
City-St-Zip:	OKEMOS, MI 48864	
Title:	VS	( ) Delete
Name:	WHEATON, DENISE E	
Address:	2390 WOODLAKE DRIVE, SUITE 300	
City-St-Zip:	OKEMOS, MI 48864	
Title:	T	( ) Delete
Name:	TWAROZYNSKI, JAMES J	
Address:	230 W. MAIN STREET	
City-St-Zip:	IONIA, MI 48846	
Title:	D	( ) Delete
Name:	POSTON, FRED	
Address:	1780 WYNGARDEN	
City-St-Zip:	EAST LANSING, MI 48823	
Title:	D	( ) Delete
Name:	SMITH, STANLEY	
Address:	1848 MIRABEAU	
City-St-Zip:	OKEMOS, MI 48864	
Title:	D	( ) Delete
Name:	BARRETT, JAMES	
Address:	8601 LAKESHORE DRIVE	
City-St-Zip:	PERRY, MI 48872	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD B SWANSON PD 01/31/2005

Electronic Signature of Signing Officer or Director — Date