2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000005228

FILED Jan 03, 2007 Secretary of State

Entity Name: INDEPENDENT MORTGAGE COMPANY - SOUTH MICHIGAN

Current Principal Place of Business:				New Principal Place of Business:					
2390 WOODLAKE DRIVE, SUITE 300 OKEMOS, MI 48864				2900 WEST ROAD STE 100 EAST LANSING, MI 48823					
Current Mailing Address:				New Mailing Address:					
2390 WOODLAKE DRIVE, SUITE 300 OKEMOS, MI 48864				2900 WEST ROAD STE 100 EAST LANSING, MI 48823					
FEI Number: 38-3395567 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US									
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: CORPORATION SERVICE COMPANY									
	nic Signature of Registered Agent			D	ate				
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().									
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	SWANSON, E	AKE DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	2900 WEST	(X) Change(EDWARD B ROAD STE 100 ING, MI 48823			
Title: Name: Address: City-St-Zip:	WHEATON, D	AKE DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:		(X) Change(DENISE E ROAD STE 100 ING, MI 48823			
Title: Name: Address: City-St-Zip:	T (TWAROZYNS 230 W. MAIN IONIA, MI 488	STREET		Title: Name: Address: City-St-Zip:		() Change ()) Addition		
Title: Name: Address: City-St-Zip:	D (POSTON, FRI 1780 WYNGA EAST LANSIN	RDEN		Title: Name: Address: City-St-Zip:		() Change ()) Addition		
Title: Name: Address: City-St-Zip:	D (SMITH, STAN 1848 MIRABE OKEMOS, MI	AU		Title: Name: Address: City-St-Zip:		() Change ()) Addition		
Title: Name: Address: City-St-Zip:	D (BARRETT, JA 8601 LAKESH PERRY, MI 4	IORE DRIVE		Title: Name: Address: City-St-Zip:		() Change ()) Addition		
I hereby certify that the information supplied with this filing does not qualify for the 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									

SIGNATURE: ED SWANSON PD 01/03/2007

above, or on an attachment with an address, with all other like empowered.