2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# F04000005230

Entity Name: INDEPENDENT MORTGAGE COMPANY - EAST MICHIGAN

Current Principal Place of Business:

400 S. BROADWAY
LAKE ORION, MI 48362

New Principal Place of Business:

Current Mailing Address:

400 S. BROADWAY
LAKE ORION, MI 48362

New Mailing Address:

800 WASHINGTON AVE
BAY CITY, MI 48708

FEI Number: 38-3394999 **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: LONG, RON
Address: 201 W BIG BEAVER
City-St-Zip: TROY, MI 48007

Title: SV ( ) Delete
Name: SMITH, STEVEN
Address: 800 WASHINGTON AVE
City-St-Zip: BAY CITY, MI 48708

Title: S ( ) Delete
Name: RICHARDSON, JOANNE S
Address: 1111 W. CARO ROAD
City-St-Zip: CARO, MI 48723

Title: T ( ) Delete
Name: TWAROZYNSKI, JAMES J
Address: 230 W. MAIN STREET
City-St-Zip: IONIA, MI 48846

Title: D ( ) Delete
Name: VOLLMAR, GARY
Address: 4314 E. CASS CITY ROAD
City-St-Zip: CASS CITY, MI 48726

Title: D ( ) Delete
Name: EWALD, KURT
Address: 4949 UNIONVILLE ROAD, RT. 1
City-St-Zip: UNIONVILLE, MI 48767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LEUDESDORFF, RITA R
Address: 800 WASHINGTON AVE
City-St-Zip: BAY CITY, MI 48708

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 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: RITA R LEUDESDORFF VP 02/01/2007

Electronic Signature of Signing Officer or Director — Date