


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 030 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # F05000000711</b>                 |  |
| 1. Entity Name<br><b>SILVER MORTGAGE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>790 ROYAL ST. GEORGE DRIVE, STE. 126<br/>NAPERVILLE, IL 60563</b> | Mailing Address<br><b>790 ROYAL ST. GEORGE DRIVE, STE. 126<br/>NAPERVILLE, IL 60563</b> |
|---|---|

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|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>1001 E. Chicago Ave</b><br>Suite, Apt. #, etc.<br><b>Suite 121</b><br>City & State<br><b>Naperville, IL</b><br>Zip<br><b>60540</b> Country<br><b>USA</b> | 3. Mailing Address<br><b>1001 E. Chicago Ave.</b><br>Suite, Apt. #, etc.<br><b>Suite 121</b><br>City & State<br><b>Naperville IL</b><br>Zip<br><b>60540</b> Country<br><b>USA</b> |
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02152007 Chg-P CR2E034 (12/06)

|  |   |
|--|---|
| 4. FEI Number<br><b>36-4110907</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>BUSINESS FILINGS INCORPORATED<br/>1203 GOVERNORS SQUARE BLVD<br/>SUITE 101<br/>TALLAHASSEE, FL 32301-2960</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|---|---|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVC<br/>LONCAR, ROBERT J<br/>3803 ROYAL DORNACH<br/>NAPERVILLE, IL 60564</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CS<br/>DOTY, ARTHUR E<br/>901 HANSON STREET<br/>BATAVIA, IL 60510</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR E. Doty **ARTHUR E. Doty** 4-24-07 630 778-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #