

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000886

FILED
Apr 21, 2006
Secretary of State

Entity Name: BROADVIEW MORTGAGE COMPANY

Current Principal Place of Business:

95 E. WILSON BRIDGE ROAD
WORTHINGTON, OH 43085

New Principal Place of Business:

Current Mailing Address:

95 E. WILSON BRIDGE ROAD
WORTHINGTON, OH 43085

New Mailing Address:

FEI Number: 31-1287380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: C () Delete
Name: HARTZLER, STEVEN K
Address: 1186 SOUTH GALENA ROAD
City-St-Zip: GALENA, OH 43021

Title: DPT () Delete
Name: SCHENCK, STEPHEN L
Address: 1161 BEAN OLLER ROAD
City-St-Zip: DELAWARE, OH 43015

Title: DV (X) Delete
Name: MCCARTY, MARIANNE
Address: 42 HICKORY LANE
City-St-Zip: WESTERVILLE, OH 43081

Title: DS () Delete
Name: ROSENBERGER, JOHN C
Address: 804 CITY PARK AVENUE
City-St-Zip: COLUMBUS, OH 43206

Title: V () Delete
Name: GEORGE, JEFF D
Address: 2200 BLAYNEY ROAD
City-St-Zip: SUNBURY, OH 43074

Title: V () Delete
Name: WOOD, DONNA
Address: 15226 ULREY ROAD
City-St-Zip: CENTERBURG, OH 43011

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:

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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: STEPHEN L. SCHENCK

DPT

04/21/2006

Electronic Signature of Signing Officer or Director

Date