## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001348

Title:

Name:

Address:

City-St-Zip:

Entity Name: ARBOR MORTGAGE CORPORATION

() Delete

KISTKA, ROBERT J

4201 REEDS LAKE BLVD.

GRAND RAPIDS, MI 49506

FILED May 08, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Principal Place of	New Principal Place of Business:	
2311 EAST SUITE 200 GRAND RA	BELTINE APIDS, MI 4954	46			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2311 EAST SUITE 200 GRAND RA	BELTINE APIDS, MI 4954	16			
FEI Number:	38-3432148	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE 4 WESTON, FL 33331 US					
The above in the State		ubmits this statement for the pu	rpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E FINKELSTEIN, RA 1781 OLD WOOD ADA, MI 49301		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E ARRIGO, BART 3388 MARION CE CHAELEVOIX, MI		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E CULP, KATHLEEI 3388 MARION CE CHAELEVOIX, MI	ENTER ROAD	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT J. KISTKA PRES 05/08/2009

() Change () Addition