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FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000720 (3)

1. Corporation Name

PERSONAL MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

ONE CHRISTINA CENTRE  
301 WALNUT CENTER  
WILMINGTON DE 19809

300 BENEFICIAL CENTER  
PEAPACK NJ 07877



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

03/27/1996

4. FEI Number

51-0328975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEHRHAHN, ALLEN L	
STREET ADDRESS	100 BUSINESS CENTER DR.	
CITY-ST-ZIP	BREWSTER NY	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DAWSON, ELIZABETH A	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, MICHAEL	
STREET ADDRESS	100 BUSINESS CENTER DR.	
CITY-ST-ZIP	BREWSTER NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASHE, PIERRE E	
STREET ADDRESS	702 BARNESON AVE.	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	LEWIS, JANICE L	
STREET ADDRESS	301 N. WALNUT ST.	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COSTENS, JOSEPH R	
STREET ADDRESS	300 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Elizabeth A. Dawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. DAWSON  
VP, TREASURER

(908) 781-3381

Date

Daytime Phone

CR2E034 (9/96)