

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91029 033 ***150.00

DOCUMENT # F93000000720

1. Entity Name

PERSONAL MORTGAGE CORPORATION



Principal Place of Business

2700 SANDERS ROAD
ATTN: TAX DEPARTMENT
PROSPECT HEIGHTS, IL 60070 US

Mailing Address

2700 SANDERS ROAD
ATTN: TAX DEPARTMENT
PROSPECT HEIGHTS, IL 60070 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0328975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DETELICH, T.M.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROMLEY, N.J.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSS, B.B. JR	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELUCA, M.A.	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VOZAR, J A	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ANGELO, J M	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yane M. Delgado	
STREET ADDRESS	2700 Sanders Rd	
CITY-ST-ZIP	Prospect Hts, IL 60070	
TITLE	DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Angelo 4/26/04

847.564.5000