FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000972 (0)**

1. Current Name

MCA MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
23999 NORTHWESTERN HWY STE. 260 SOUTHFIELD MI 48075 US	23999 NORTHWESTERN HWY STE. 260 SOUTHFIELD MI 48075 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993	3a. Date of Last Report: 04/19/1994
4. FEI Number: 38-2613174	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. # etc. (22)	Suite, Apt. # etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1501, 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

(Typed or printed name of person signing) (Title of person signing) (Registered Agent's signature, if registered agent is changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	V	☒ Change ☐ Addition
NAME	DOPP, GLORIA	Durga, Ron	
STREET ADDRESS	23999 NORTHWESTERN HWY #260		
CITY-ST-ZIP	SOUTHFIELD MI		
TITLE	P	P	☒ Change ☐ Addition
NAME	JEHLE, MICHAEL	Quinlan, Patrick	
STREET ADDRESS	23999 NORTHWESTERN HWY 3260		
CITY-ST-ZIP	SOUTHFIELD MI		
TITLE	V		☒ Change ☐ Addition
NAME	FINK, CHARLES	Delete	
STREET ADDRESS	23999 NORTHWESTERN HWY #260		
CITY-ST-ZIP	SOUTHFIELD MI		
TITLE	T	T/V	☒ Change ☐ Addition
NAME	AJEMIAN, ALEXANDER		
STREET ADDRESS	560 KIRTS BLVD,STE. 120		
CITY-ST-ZIP	TROY MI		
TITLE	C		☐ Change ☐ Addition
NAME	CRONIN, THOMAS P		
STREET ADDRESS	23999 NORTHWESTERN HWY #260		
CITY-ST-ZIP	SOUTHFIELD MI		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this report is true and complete and 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 annual report is true and complete 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 above, or on an attachment with an address.

SIGNATURE: Thomas P Cronin

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

4/28/95 (810) 358-0607

Date Daytime Phone #

0466937 FP