

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002258 (2)

1. Corporation Name

MCKINLEY MORTGAGE COMPANY, INC.

Principal Place of Business

320 N. MAIN, STE. 200
ANN ARBOR MI 48104

Mailing Address

320 N. MAIN, STE. 200
ANN ARBOR MI 48104



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81

Name

82

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

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

38-3105422

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

10. Name and Address of New Registered Agent

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 of agent

(NOTE: Registered Agent Signature Required for Change of Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME MANKO, GERALD H
STREET ADDRESS 320 N. MAIN, STE. 200
CITY-ST-ZIP ANN ARBOR MI 48104 ☒ DELETE

TITLE PASD
NAME TYLER, WILLIAM C
STREET ADDRESS 320 N. MAIN, STE. 200
CITY-ST-ZIP ANN ARBOR MI ☐ DELETE

TITLE SD
NAME LEAHY, CHARLES E
STREET ADDRESS 320 N. MAIN, STE. 200
CITY-ST-ZIP ANN ARBOR MI 48104 ☐ DELETE

TITLE T
NAME WELSH, TERESA
STREET ADDRESS 320 N. MAIN STREET, SUITE 200
CITY-ST-ZIP ANN ARBOR MI ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASSISTANT SECRETARY
1.2 NAME O'MALLEY, DEBBY H.
1.3 STREET ADDRESS 320 N. MAIN, STE. 200
1.4 CITY-ST-ZIP ANN ARBOR, MI 48104 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SEC. V.P., DIRECTOR
3.2 NAME LEAHY, CHARLES E.
3.3 STREET ADDRESS 320 N. MAIN, STE. 200
3.4 CITY-ST-ZIP ANN ARBOR, MI 48104 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
500001798183
-04/29/96--01033--009
***200.00 ☐ Change ☐ Addition

5.1 TITLE V.P., DIRECTOR
5.2 NAME HANWARD, D. KEITH
5.3 STREET ADDRESS 320 N. MAIN, STE. 200
5.4 CITY-ST-ZIP ANN ARBOR, MI 48104 ☐ Change ☒ Addition

6.1 TITLE C.E.O.
6.2 NAME WEISER, RONALD
6.3 STREET ADDRESS 320 N. MAIN, STE. 200
6.4 CITY-ST-ZIP ANN ARBOR, MI 48104 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. LEAHY, SECRETARY

4/24/96

(313) 769-8560

CR2E034 (12/95)