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May 13 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 # **F93000002927 (2)**

1. Corporation Name
LASALLE HOME MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
4242 N. HARLEM AVE. NORRIDGE IL 60634	135 S. LASALLE ST C/O MARTIN L. EISENBERG CHICAGO IL 60603-4105 US

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

3. Date Incorporated or Qualified 06/24/1993	3a. Date of Last Report 04/24/1996
4. FEI Number 36-3149304	☐ 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	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83
84 City: Plantation **FL** 85 Zip Code: 33324

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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LONG, WILLIAM E		1.2 NAME		
STREET ADDRESS	4242 NORTH HARLEM AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORRIDGE IL 60634		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GEARY, RICHARD F.		2.2 NAME		
STREET ADDRESS	4242 NORTH HARLEM AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORRIDGE IL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	EISENBERG, MARTIN L.		3.2 NAME	Martin L. Eisenberg	
STREET ADDRESS	135 S. LASALLE ST., STE. 400		3.3 STREET ADDRESS	135 S. LaSalle St., Suite 860	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAUSKURDAS, CLEMENT J		4.2 NAME	900002188869	
STREET ADDRESS	4242 NORTH HARLEM AVE.		4.3 STREET ADDRESS	-05/22/97--01124--006	
CITY-ST-ZIP	NORRIDGE IL 60634		4.4 CITY-ST-ZIP	***165.00	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ROSIELLO, THOMAS A.		5.2 NAME	Thomas A. Rosiello	
STREET ADDRESS	135 S. LASALLE ST., STE. 325		5.3 STREET ADDRESS	135 S. LaSalle St., Suite 925	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	Chicago, IL 60603	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HEITMANN, SCOTT K.		6.2 NAME		
STREET ADDRESS	135 S. LASALLE ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CS 5/13/97

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ Martin L. Eisenberg 04/24/97 (312) 904-2209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #