

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 # F94000000620 (4)

1. Corporation Name

OLD KENT MORTGAGE COMPANY

Principal Place of Business

1830 E. PARIS, S.E.
GRAND RAPIDS MI 49546

Mailing Address

1830 E. PARIS, S.E.
GRAND RAPIDS MI 49546



3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

05/01/1995

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

4. FEI Number

38-3082285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

C T CORPORATION SYSTEM
1200 S. 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

11. Pursuant to the provisions of Sections 607.0532 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 replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME WARRINGTON, ROBERT H
STREET ADDRESS 7725 KIRK WALL DR., S.E.
CITY-ST-ZIP ADA MI 49301

1.1 TITLE EVP ☐ Change ☒ Addition
1.2 NAME DONALD BRITTON
1.3 STREET ADDRESS 6760 Muirfield Ct. SE
1.4 CITY-ST-ZIP Grand Rapids, MI 49546

TITLE V ☒ DELETE
NAME VANDYKE, MICHELLE L
STREET ADDRESS 2200 GREEN BRIDGE LANE
CITY-ST-ZIP HANOVER PARK IL 60103

2.1 TITLE AT ☐ Change ☒ Addition
2.2 NAME JAMES M. ANGELL
2.3 STREET ADDRESS 1635 Oxford Road
2.4 CITY-ST-ZIP East Grand Rapids, MI 49506

TITLE VPAS ☐ DELETE
NAME SCHNEIDER, DAVID C.
STREET ADDRESS 1043 SAN JOSE DRIVE SE
CITY-ST-ZIP EAST GRAND RAPIDS MI

3.1 TITLE VPS ☒ Change ☐ Addition
3.2 NAME DAVID C. SCHNEIDER
3.3 STREET ADDRESS 7156 Mooring Heights CT
3.4 CITY-ST-ZIP Grand Rapids, MI 49546

TITLE AVP ☒ DELETE
NAME NORMAN, DOUGLAS E
STREET ADDRESS 6630 GLEN HOLLOW
CITY-ST-ZIP CALENDONIA MI

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME ELWELL, DENISE E.
STREET ADDRESS 6471 SCARBOROUGH SE
CITY-ST-ZIP ADA MI

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST ☒ DELETE
NAME SHAW, JULIE A
STREET ADDRESS 2049 TENWAY DRIVE SW
CITY-ST-ZIP EAST GRAND RAPIDS MI

6.1 TITLE ☐ Change ☐ 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 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: James M. Angell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(616) 771-4630

Daytime Phone #

CR2E034 (12/95)