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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1994

4. FEI Number

38-3082285

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4420 44th Street SE

Suite, Apt. #, etc

22 Suite B

City & State

23 Grand Rapids, MI

Zip

Country

24 49512-4011

25

2a. Mailing Address

26 4420 44th Street SE

Suite, Apt. #, etc

27 Suite B

City & State

28 Grand Rapids, MI

Zip

Country

29 49512-4011

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 607.0502 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

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

TITLE AT
NAME JAMES M. ANGELL
STREET ADDRESS 1838 OXFORD RD S.E.
CITY-ST-ZIP EAST GRAND RAPIDS MI 49506 ☐ DELETE

TITLE VP
NAME BRITTON, DON
STREET ADDRESS 6760 MUIRFIELD CT S.E.
CITY-ST-ZIP GRAND RAPIDS MI 49546 ☐ DELETE

TITLE SVP
NAME MC GARRITY, RICHARD A
STREET ADDRESS 1040 PLYMOUTH SE
CITY-ST-ZIP GRAND RAPIDS MI 49506 ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

James M. Angell

3/1/98 (616) 771-4630

CR2E034 (10/97)