FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400000620

OLD KENT MORTGAGE COMPANY

Principal Place of Business Mailing Address							11	KANTAN ITIN IMIIT ATASI AMIT		Ithi Ab hi a ahis	0 0	
4420 44TH STREET SE		4420 44TH ST	4420 44TH STREET SE							`		
SUITE B		SUITE B				DO NOT WRITE IN THIS SPACE						
GRAND RAPIDS MI 49512-4011 US		GRAND RAPIDS MI 49512-4011 US			F	3. Date Incorporated or Qualifed						
00		•					02/08/					
2. Principal Pl	lace of Business	2a. Mailing A	2a. Mailing Address				4. FEI Nur		** .	Α	pplied For	
21		26	26				38-30	82285		N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apl	Suite, Apt. #, etc.			-	5. Certifca	ite of Status Desired	. .	* • • • •	Additional	
22		27									Required	
	0		City.& State			الحضمة		Campaign Financi	ng		May Be	
Zip	Country	28 Zin	Zip Count				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible			1101 003		
24	25	Table Tabl	ח ⁻			Personal Property Tax.			cuirent year mu	☐Yes ☐No		
<u> </u>	9. Name and Address of Current					1		and Address of Ne	w Registered	Agent		
				81	Name	•						
C T CORPORATION SYSTEM				82	Street A	Address	s (P.O. Box	Number is Not Acc	eptable)			
1200 S. PINE ISLAND RD.				Silect Addi								
PLAN	NTATION FL 33324											
				84	City					85 Zip	Code	
									FL			
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 regist 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 register									egistered			
agent. I a	m familiar with, and accept the obligation	ons of, Section 6	07.0505, Florida	Statutés								
SIGNATURE			(NOTE: Box	internal Acco	t cionaturo es	manimal wit	nen reinstating)		DATE		-	
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Reg	13.	t signature re	equiled #1		DNS/CHANGES TO		D DIRECT	ORS IN 12	
TITLE	DC		DELETE	1,1 TITLE						Change	☐ Addition	
NAME	WARRINGTON, ROBERT H			1.2 NAME								
STREET ADDRESS	7725 KIRKWALL DR., S.E.			1.3 STREET	ADDRESS							
CITY-ST-ZIP	ADA MI 49301			1,4 CITY-S	r-ZIP				.		TA LEGA	
EΠE	AT		DELETE	2.1 TITLE						Change	Addition	
NAME	JAMES M. ANGELL		l l	2.2 NAME							ļ	
STREET ADDRESS	1638 OXFORD RD S.E.			2.3 STREET				,				
CITY-ST-ZIP	EAST GRAND RAPIDS MI 49506		DELETE	2. 4 CITY-S	T-ZIP	 -				Change	Addition	
TITLE	POTTON DON	L 	J DELETE	3.1 TITLE								
NAME	BRITTON, DON			3.2 NAME 3.3 STREET	ADDRESS						ļ	
STREET ADDRESS	6760 MUIRFIELD CT S.E. Grand Rapids MI 49546			3.4. CITY-S	1	i						
CITY-ST-ZIP TITLE	SVP		DELETE	4.1 TITLE	1-21-	C.I.	P,T,S		-	Change	Addition	
NAME	MC GARRITY, RICHARD A			4. 2 NAME	1	5	1,1,0			41		
STREET ADDRESS	1040 PLYMOUTH SE			4.3 STREET	ADDRESS							
CITY-ST-ZIP	GRAND RAPIDS MI 49506			4.4 CITY-S								
TITLE	SVP	Ĺ	DELETE	5.1 TITLE						X Change	Addition	
NAME	ELWELL, DENISE E.			5.2 NAME								
STREET ADDRESS	6471 SCARBOUROUGH SE			5.3 STREET	ADDRESS							
CITY-ST-ZIP	ADA MI			5.4 CITY-S	T-ZIP	Ad	la, MI	49301			—	
TITLE] DELETE	6.1 TITLE						Change	Addition	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREET	ADDRESS	ļ					ļ	

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, with all other like empowered.