

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000620

1. Entity Name

OLD KENT MORTGAGE COMPANY

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90109 013 \*\*\*150.00

Principal Place of Business	Mailing Address
4420 44TH STREET SE SUITE B GRAND RAPIDS MI 49512-4011 US	4420 44TH STREET SE SUITE B GRAND RAPIDS MI 49512-4011 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
38-3082285		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
<input type="checkbox"/>		<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRINGTON, ROBERT H	NAME	
STREET ADDRESS	7725 KIRK WALL DR., S.E.	STREET ADDRESS	4420 44th Street SE, Suite B
CITY-ST-ZIP	ADA MI 49301	CITY-ST-ZIP	Grand Rapids, MI 49512-4011
TITLE	AT	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES M. ANGELL	NAME	
STREET ADDRESS	1638 OXFORD RD S.E.	STREET ADDRESS	4420 44th Street SE, Suite B
CITY-ST-ZIP	EAST GRAND RAPIDS MI 49506	CITY-ST-ZIP	Grand Rapids, MI 49512-4011
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, DON	NAME	
STREET ADDRESS	6760 MUIRFIELD CT S.E.	STREET ADDRESS	4420 44th Street SE, Suite B
CITY-ST-ZIP	GRAND RAPIDS MI 49546	CITY-ST-ZIP	Grand Rapids, MI 49512-4011
TITLE	SVP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GARRITY, RICHARD A	NAME	
STREET ADDRESS	1040 PLYMOUTH SE	STREET ADDRESS	4420 44th Street SE, Suite B
CITY-ST-ZIP	GRAND RAPIDS MI 49506	CITY-ST-ZIP	Grand Rapids, MI 49512-4011
TITLE	SVP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWELL, DENISE E.	NAME	
STREET ADDRESS	6471 SCARBOROUGH SE	STREET ADDRESS	4420 44th Street SE, Suite B
CITY-ST-ZIP	ADA MI	CITY-ST-ZIP	Grand Rapids, MI 49512-4011
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	CFO, SVP, S
CITY-ST-ZIP		CITY-ST-ZIP	Marjorie Dood
			4420 44th Street SE, Suite B
			Grand Rapids, MI 49512-4011

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Angell *James M. Angell* 3/24/00 (616) 771-1847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20014 (9/99)