

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000620

1. Entity Name

OLD KENT MORTGAGE COMPANY

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90038 024 ***150.00

Principal Place of Business

4420 44TH STREET SE
SUITE B
GRAND RAPIDS MI 49512-4011
US

Mailing Address

4420 44TH STREET SE
SUITE B ATTN: CORPORATE TAX
GRAND RAPIDS MI 49512-4011
US

900411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-3082285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME WARRINGTON, ROBERT H
STREET ADDRESS 4420 44TH ST SE, STE B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME JAMES M. ANGELL
STREET ADDRESS 4420 44TH ST SE, STE-B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME BRITTON, DON
STREET ADDRESS 4420 44TH ST SE, STE-B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☒ Delete
NAME MC GARRITY, RICHARD A
STREET ADDRESS 4420 44TH ST SE, STE-B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☐ Delete
NAME ELWELL, DENISE E.
STREET ADDRESS 4420 44TH ST SE, STE-B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFSV ☐ Delete
NAME DOOD, MARJORIE
STREET ADDRESS 4420 44TH ST SE, STE-B
CITY-ST-ZIP GRAND RAPIDS MI 49512-4011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Angell

Date

4/11/01 (616) 771-1847

Daytime Phone #

CR2E034 (10/00)