

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002744 (0)

1. Corporation Name

FIRST OF AMERICA BANK CORPORATION



Principal Place of Business

Mailing Address

**211 S. ROSE ST.
KALAMAZOO MI 49007**

**211 S. ROSE ST.
KALAMAZOO MI 49007**

3. Date Incorporated or Qualified
05/25/1994

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

38-1971791

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

**CIESLAK, LEE J
FIRST OF AMERICA BANK-FLORIDA, F.S.B.
2100 66TH ST. N.
ST. PETERSBURG FL 33710**

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 officer or director

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARFIELD, JON ERIC	
STREET ADDRESS	17199 N. LAUREL PARK DR., STE. 224	
CITY - ST - ZIP	LIVONIA MI 48142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHORMANN, RICHARD F	
STREET ADDRESS	211 S. ROSE ST.	
CITY - ST - ZIP	KALAMAZOO MI 49007	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, JOSEPH J	
STREET ADDRESS	300 N. ZEEB ROAD	
CITY - ST - ZIP	ANN ARBOR MI 48106	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, JOEL N	
STREET ADDRESS	28 N. SAGINAW ST. #701	
CITY - ST - ZIP	PONTIAC MI 48342	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENWALT, CLIFFORD L	
STREET ADDRESS	607 E. ADAMS ST.	
CITY - ST - ZIP	SPRINGFIELD IL 62701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HETZLER, ROBERT L	
STREET ADDRESS	2600 S. EUCLID AVE.	
CITY - ST - ZIP	BAY CITY MI 48706	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Kevin T. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)