

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

FILED
Apr 17 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 # F96000001737 (3)

1. Corporation Name

COMMONPOINT MORTGAGE COMPANY

Principal Place of Business

3643-A 28TH ST., S.E.
GRAND RAPIDS MI 49512
US

Mailing Address

3643-A 28TH ST., S.E.
GRAND RAPIDS MI 49512

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

2. Principal Place of Business

21 4460-44TH STREET SE

Suite, Apt. #, etc.

22

City & State

23 GRAND RAPIDS, MICHIGAN

Zip

24 49512

Country

25 KENT

2a. Mailing Address

26 4460-44TH STREET SE

Suite, Apt. #, etc.

27

City & State

28 GRAND RAPIDS, MICHIGAN

Zip

29 49512

Country

30 KENT

4. FEI Number

38-2871417

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PDC
NAME ANDERSON, MICHAEL D
STREET ADDRESS 3643-A 28TH ST., S.E.
CITY-ST-ZIP GRAND RAPIDS MI 49512

TITLE S
NAME WALKER, MARILYN
STREET ADDRESS 3643-A 28TH ST., S.E.
CITY-ST-ZIP GRAND RAPIDS MI 49512

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO
1.2 NAME ANDERSON, MICHAEL D
1.3 STREET ADDRESS 4460-44TH STREET SE
1.4 CITY-ST-ZIP GRAND RAPIDS, MICHIGAN 49512

2.1 TITLE SECRETARY
2.2 NAME WALKER, INEZ M.
2.3 STREET ADDRESS 4460-44TH STREET SE
2.4 CITY-ST-ZIP GRAND RAPIDS, MICHIGAN 49512

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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

[Handwritten signature]

CR2E034 (10/97)