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PROFIT CORPORATION ANNUAL REPORT 1999

NATIONAL CITY MORTGAGE CO.

1. Corpora ion Name



DOCUMENT # F96000002461

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90043 019 ***150.00

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Mailing Address Principal Place of Business 3232 NEWMARK DR. 3232 NEWMARK DR. MIAMISBURG OH 45342 MIAMISBURG OH 45342 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 05/16/1996 2a. Mailing Address 4. FEI Number App ied For 2. Principa Place of Business 31-0856949 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Acdress (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sc ctions 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 bo h, 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 na ne of registered agent and title if applicable (NOT E. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE 1.1 TITLE ☐ Change **XX**Addition TITLE KNIGHT JR, LEO E 12 NAME Vincent A. DeGiralomo NAME 1.3 STREET ADDRESS 1900 East Ninth Street 3232 NEWMARK DR STREET ADDRESS MIAMISBURG OH 14 CITY-ST-ZIP Cleveland, Ohio 44114 CITY-ST-ZIP Addition __ Change TITLE DELETE 2.1 TITLE DAVIS SR. GREGORY A 22 NAME NAME Jeffrey D. Kelly 3232 NEWMARK DR STREET ADDRESS 2.3 STREET ADDRESS 1900 East Ninth Street MIAMISBURG OH CITY-ST-ZIP 2. 4 CITY-ST-ZIP Cleveland, Ohio 44114 Change XXAddition DELETE 3.1 TITLE TITLE HOUSEHOLDER, TODD A NAME 32 NAME William E. McDonald, III 3232 NEWMARK DR 3.3 STREET ADDRESS STREET ADDRESS 1900 East Ninth Street MIAMISBURG OH 3.4 CITY-ST-ZIP CITY-ST-ZIP Cleveland, Ohio 44114 Change Addition DELETE 4.1 TITLE TITLE ELLIS. ROBERT C 4 2 NAME NAME 3232 NEWMARK OR STREET ADDRESS 4 3 STREET ADDRESS **MIAMISBURG OH** CITY-ST-ZIP 4 4 CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME CASE, T J NAME 5.3 STREET ADDRESS 3232 NEWMARK DR STREET ADDRESS MIAMISBURG OH 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME BRANHAM, DALE A NAME 3232 NEWMARK OR 6 3 STREET ADDRESS STREET ADDRESS MIAMISBURG OH 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 attact ment with an address, with all other like empowered.

SIGNATURE:

Dale A. Branham

(11/98)CR2E034