

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002461

1. Entity Name

NATIONAL CITY MORTGAGE CO.



Principal Place of Business

**3232 NEWMARK DR.
MIAMISBURG, OH 45342**

Mailing Address

**3232 NEWMARK DR.
MIAMISBURG, OH 45342**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number

31-0856949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
KNIGHT JR, LEO E
3232 NEWMARK DR
MIAMISBURG, OH 45342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EXP
DAVIS SR, GREGORY A
3232 NEWMARK DR
MIAMISBURG, OH 45342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
HOUSEHOLDER, TODD A
3232 NEWMARK DR
MIAMISBURG, OH 45342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ELLIS, ROBERT C
3232 NEWMARK DR
MIAMISBURG, OH 45342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
CASE, T J
3232 NEWMARK DR
MIAMISBURG, OH 45342**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BRANHAM, DALE A
3232 NEWMARK DR
MIAMISBURG, OH 45342**

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03/26/04-80011-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Dale A. Branham, Executive Vice President

937-910-4132

Date

Daytime Phone #