

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003035

FILED
Jan 05, 2004
Secretary of State

Entity Name: QUICKEN LOANS INC.

Current Principal Place of Business:

20555 VICTOR PARKWAY
LIVONIA, MI 48152

New Principal Place of Business:

Current Mailing Address:

20555 VICTOR PARKWAY
LIVONIA, MI 48152

New Mailing Address:

FEI Number: 38-2603955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GILBERT, DANIEL
Address: 20555 VICTOR PKWY
City-St-Zip: LIVONIA, MI 48152

Title: SCC () Delete
Name: CHYETTE, RICHARD
Address: 20555 VICTOR PARKWAY
City-St-Zip: LIVONIA, MI 48152

Title: T () Delete
Name: ZIONKOWSKI, TAMMY
Address: 20555 VICTOR PARKWAY
City-St-Zip: LIVONIA, MI 48152

Title: D () Delete
Name: KATZMAN, DAVID
Address: 100 GALLERIA OFFICE CENTRE, STE 419
City-St-Zip: SOUTHFIELD, MI 48034

Title: CEO () Delete
Name: EMERSON, WILLIAM
Address: 20555 VICTOR PARKWAY
City-St-Zip: LIVONIA, MI 48152

Title: PCOO () Delete
Name: MCINNIS, PATRICK
Address: 20555 VICTOR PARKWAY
City-St-Zip: LIVONIA, MI 48152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GILBERT, DANIEL
Address: 20555 VICTOR PKWY, SUITE 100
City-St-Zip: LIVONIA, MI 48152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KATZMAN, DAVID
Address: 20555 VICTOR PARKWAY, SUITE 100
City-St-Zip: LIVONIA, MI 48152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CHYETTE

SCC

01/05/2004

Electronic Signature of Signing Officer or Director

Date