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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006451 (6)

FIRSTAR HOME MORTGAGE CORPORATION

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
1550 E 79TH S		1550 E 79TH ST #880 8LOOMINGTON MN 55425-91	102		ν.			
9200min 0101					3. Date Incorporated or Qualified 12/10/1996	Sa. Date	e of Last F	Report
2, Principal	Prace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
1]		26					ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	ired S8.75 Additional Fee Required			
City & St	ate	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ	Country	Zip	Countr	/	8. This corporation has liability for	r Intangible to	ax under s	s. 199.032,
4	25	29	30		Florida Statutes	Yes 🗆	No	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New I	legistered A	gent	
CT	CORPORATION SYSTEM		81	Name				
1200 SOUTH PINE ISLAND ROAD			62	Street	Address (P.O. Box Number is Not Accept	able)		·
	INTATION FL 33324				Addied (1707 dex Parties 10 1101 Place)			
			83	Ī				
			84	City			leel 7in	Code
			1	l ′	corporation submits this statement for the poration's board of directors. I hereby acc	FL		
SIGNATURE	Sign along typical or printed name of registered a	gent and little if apolicable (NOTE:	Registered Ag	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	BS INI 12
12. Till E	DC	DELETE	13.		ADDITIONS/CHANGES TO OF		Change	Additio
NAMe	SCHMITZ, MICHAEL J		1.2 NAME			•		
SCREET ADDRESS				T ADDRESS				
CITY ST-702	MILWAUKEE WI 53202		1.4 CITY-					
THERE	D	DELETE	2.1 TITLE	<u> </u>			Change	Addition Addition
NAME	BAUER, CHRIS M	-	2.2 NAME				•	
STREET ADDRESS	111000110111 415			T ADDRESS	,			
City-St zip	MILWAUKEE WI 53202		2. 4 CITY					
Tifet	D	DELETE	3.1 TITLE	<u> </u>			Change	Additio
NAME	BECKER, JOHN A		3 2 NAME					
STREET ADORESS			3.3 STREE	T ADDRESS				
CITY - ST - ZIP	MILWAUKEE: WI 53202		3.4. CITY-	ST-ZIP				
TITLE	D	DELETE	4.1 TITLE			T	Change	Additio
NAME	FITZSIMONDS, ROGER L		4. 2 NAME		·	•		
STREET ADDRESS		1	4.3 STREE	T ADDRESS				
CHY-S1-ZIF	MILWAUKEE WI 53202		4.4 CITY-	ST-ZIP				
TITLE	D	DELETE	5.1 TITLE			-	Change	Additio
NAME	WEEDEN, JEFFREY B		52 NAME					
STREET ADDRESS	5 777 E WISCONSIN' AVE		5.3 STACE	T ADDRESS				
CITY - \$1 - 7(F)	MILWAUKEE WI 532:02		5.4 CITY-	ST ZIP				
HILF	DP	DELETE	6.1 TITLE				X Change	Additio
NAME	ARRIGONI, DANIEL A		6.2 NAME					
STREET ADDRESS	s 200 E LAKE ST		6.3 STREE	T ADDRESS	1550 E. 79th Street,			
CHY-ST-ZIF	WAYZATA MN 55391		6.4 CITY-	ST-ZIP	Bloomington, MN 5542	5		

14. If do hereby certily 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 about report or suppliemental 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 of the eccept of 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 changes, dryon kin artachment with an address.

SIGNATURE:

612-851-5499