

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006451

1. Corporation Name  
FIRSTAR HOME MORTGAGE CORPORATION

Principal Place of Business  
1550 E 79TH ST #880  
BLOOMINGTON MN 55425

Mailing Address  
1550 E 79TH ST #880  
BLOOMINGTON MN 55425

2. Principal Place of Business  
21

2a. Mailing Address  
26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

28

23

City & State

24

Zip Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

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

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, MICHAEL J		1.2 NAME	
STREET ADDRESS	777 E WISCONSIN AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202		1.4 CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGONI, DANIEL A		2.2 NAME	
STREET ADDRESS	1550 E 79TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON MN 55425		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, JOHN A		3.2 NAME	
STREET ADDRESS	777 E WISCONSIN AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202		3.4. CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMONDS, ROGER L		4.2 NAME	
STREET ADDRESS	777 E WISCONSIN AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202		4.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEDEN, JEFFREY B		5.2 NAME	
STREET ADDRESS	777 E WISCONSIN AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202		5.4 CITY-ST-ZIP	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIGONI, DANIEL A		6.2 NAME	
STREET ADDRESS	200 E LAKE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 55391		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, with all other like empowered.

SIGNATURE: *Daniel A. Arrigoni* Daniel A. Arrigoni, President

2/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)