

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000001947 (7)  
1. Corporation Name

GSF MORTGAGE CORPORATION

Principal Place of Business

2448 S. 102ND ST., #260  
WEST ALLIS WI 53227

Mailing Address

2448 S. 102ND ST., #260  
WEST ALLIS WI 53227

FILED  
Aug 05 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13575-58th St. N.

Suite, Apt. #, etc.

22 176

City & State

23 Clearwater, FL

Zip

24 34620

Country

25 USA

2a. Mailing Address

26 14665 W. Lisbon Rd.

Suite, Apt. #, etc.

27

City & State

28 Brookfield, WI

Zip

29 53005

Country

30 USA

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

39-1813773

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

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

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

TITLE PD

NAME SIEBERT, PHIL  
STREET ADDRESS 11800 CARDINAL LANE  
CITY-ST-ZIP CALEDONIA IL 61011

DELETE

TITLE SDC

NAME GUZANICK, JAMES J  
STREET ADDRESS N49 W17395 SHEFFIELD LANE  
CITY-ST-ZIP MENOMONEE FALLS WI 53051

DELETE

TITLE TD

NAME FISKUM, BRIAN  
STREET ADDRESS 1112 XYCON AVE.  
CITY-ST-ZIP CHAMPLIN MN 55318

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Asst. Secretary

1.2 NAME Jan O'Leary

1.3 STREET ADDRESS N49 W16385 Lilac Ln.

1.4 CITY-ST-ZIP Menomonee Falls, WI 53051

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*[Signature]*

7-22-98

(414)790-9017

CR2E034 (5/98)