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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003253

1. Corporation Name

GN MORTGAGE CORPORATION

Principal Place of Business

4000 W. BROWN DEER RD  
BROWN DEER WI 53209

Mailing Address

4000 W. BROWN DEER RD  
BROWN DEER WI 53209

FILED

99 JAN 13 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

2. Principal Place of Business

21 no change

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 4000 W. BROWN DEER ROAD

Suite, Apt. #, etc.

27 MORTGAGE OPERATIONS

City & State

28 BROWN DEER, WI

Zip

Country

29 53209

30 USA

4. FEI Number

36-3913158

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

no change

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 N/A

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 D ☐ DELETE

NAME PRIEB, WENDY SELIG  
STREET ADDRESS BREWERS BASEBALL CLUB N/A  
CITY-ST-ZIP MILWAUKEE WI 53209

TITLE D ☒ DELETE

NAME TANNENBAUL, ABE A  
STREET ADDRESS 2260 W GOOD HOPE RD  
CITY-ST-ZIP MILWAUKEE WI 53209

TITLE S ☐ DELETE

NAME LEVY, BRIAN S  
STREET ADDRESS 4000 W. BROWN DEER RD  
CITY-ST-ZIP MILWAUKEE WI 53209

TITLE D ☐ DELETE

NAME LEVY, DOUGLAS S  
STREET ADDRESS 4000 W. BROWN DEER RD  
CITY-ST-ZIP MILWAUKEE WI 53209

TITLE T ☒ DELETE

NAME BORCHERT, LARRY  
STREET ADDRESS 4000 W. BROWN DEER RD  
CITY-ST-ZIP MILWAUKEE WI 53209

TITLE D ☐ DELETE

NAME STARK, PHILLIP  
STREET ADDRESS 717 JOHN NOLEN DR  
CITY-ST-ZIP MADISON WI 53713

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

100002744551-8

1.3 STREET ADDRESS

9461 N. REGENT COURT

1.4 CITY-ST-ZIP

FOX POINT, WI 53217

2.1 TITLE

Director / President / CEO

2.2 NAME

KIM C. NEWBY

2.3 STREET ADDRESS

4000 WEST BROWN DEER ROAD

2.4 CITY-ST-ZIP

MILWAUKEE, WI 53209

3.1 TITLE

Treasurer / CFO

3.2 NAME

HEMMINGS, THOMAS E.

3.3 STREET ADDRESS

4000 WEST BROWN DEER ROAD

3.4 CITY-ST-ZIP

MILWAUKEE, WI 53209

4.1 TITLE

Director

4.2 NAME

LEVY, GERALD

4.3 STREET ADDRESS

4000 WEST BROWN DEER ROAD

4.4 CITY-ST-ZIP

MILWAUKEE, WI 53209

5.1 TITLE

Director

5.2 NAME

BAMBERGER, MICHAEL

5.3 STREET ADDRESS

9255 N. PELHAM PARKWAY

5.4 CITY-ST-ZIP

BAYSIDE, WI 53217

6.1 TITLE

Vice President

6.2 NAME

KEGLER, KIM

6.3 STREET ADDRESS

9381 NORTH 49th, UNIT 104

6.4 CITY-ST-ZIP

BROWN DEER, WI 53223

14. 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 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM C. NEWBY VICE PRESIDENT

1/12/99

Date

414-362-4739

Daytime Phone #

CR2E034 (11/98)