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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P00241

(0)

1. Corporation Name

ONE MORTGAGE CORPORATION

Principal Place of Business

135 N. PENNSYLVANIA ST.  
INDIANAPOLIS IN 46204

Mailing Address

135 N. PENNSYLVANIA ST.  
INDIANAPOLIS IN 46204-2400



3. Date Incorporated or Qualified

12/13/1983

3a. Date of Last Report

07/01/1996

4. FEI Number

35-0158647

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COCHRAN, ROBERT G.  
215 E. MADISON ST.  
TAMPA FL 33601

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME MCKINNEY, ROBERT H.  
STREET ADDRESS 135 N. PENNSYLVANIA ST.  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☐ DELETE

NAME MELTON, OWEN B., JR.  
STREET ADDRESS 135 N. PENNSYLVANIA ST.  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE P ☐ DELETE

NAME LINDSEY, DAVID A  
STREET ADDRESS 135 N PENNSYLVANIA ST  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE EVP ☐ DELETE

NAME GRUBBS, LARRY L  
STREET ADDRESS 135 N PENNSYLVANIA ST  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ST ☐ DELETE

NAME GRAY, DAVID L  
STREET ADDRESS 135 N. PENNSYLVANIA ST.  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

317-269-1220

CR2E034 (9/96)