

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P05160

(7)

1. Corporation Name

CHEMICAL MORTGAGE COMPANY

APPROVED
AND
FILED

4/26/95 - 1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
200 OLD WILSON BRIDGE ROAD WORTHINGTON OH 43085	200 OLD WILSON BRIDGE ROAD WORTHINGTON OH 43085

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. # etc.	Suite, Apt. # etc.		
22	27		
City & State	City & State		
23	28		
24	25	29	30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/01/1985 **05/01/1994**

4. FEI Number 31-4360421	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. The corporation has liability for unpayable tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	82. Street Address (P.O. Box numbers Not Acceptable)
83.	
84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 199.032 and 199.14 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 requirements of Chapter 199 of the Florida Statutes.

SIGNATURE: *Dolores D. Coughen*

4/26/95

Officer's Title or Position: Secretary/Treasurer

Date of Signing: 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/	
OFFICER	P NAME STREET ADDRESS CITY ST ZIP	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	V NAME STREET ADDRESS CITY ST ZIP	V NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	VS NAME STREET ADDRESS CITY ST ZIP	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	T NAME STREET ADDRESS CITY ST ZIP	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D NAME STREET ADDRESS CITY ST ZIP	D NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER	D NAME STREET ADDRESS CITY ST ZIP	D NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 holder of or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Dolores D. Coughen Dolores S. Coughen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 614-842-7190
Date