

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P05160 (7)

1. Corporation Name

CHEMICAL MORTGAGE COMPANY



Principal Place of Business

200 OLD WILSON BRIDGE ROAD  
WORTHINGTON OH 43085

Mailing Address

200 OLD WILSON BRIDGE ROAD  
WORTHINGTON OH 43085

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified  
03/01/1985

3a. Date of Last Report  
05/01/1995

4. FEI Number

31-4360421

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

9. Name and Address of Current Registered Agent

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

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 the filer, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ROTELLA, STEPHEN J.  
STREET ADDRESS 200 OLD WILSON BRIDGE RD  
CITY- ST- ZIP WORTHINGTON OH ☐ DELETE

TITLE V  
NAME GERALD, GEOTZ  
STREET ADDRESS 200 OLD WILSON BRIDGE RD  
CITY- ST- ZIP WORTHINGTON OH ☐ DELETE

TITLE VS  
NAME HAY, DAVID S.  
STREET ADDRESS 200 OLD WILSON BRIDGE RD  
CITY- ST- ZIP WORTHINGTON OH ☒ DELETE

TITLE T  
NAME REIK, EDWARD A.  
STREET ADDRESS 200 OLD WILSON BRIDGE RD  
CITY- ST- ZIP WORTHINGTON OH ☐ DELETE

TITLE D  
NAME SANFORD, IBRAMIM  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY ☒ DELETE

TITLE D  
NAME GLEEN, MOURIDY  
STREET ADDRESS 277 PARK AVENUE  
CITY- ST- ZIP NEW YORK NY ☐ DELETE

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

MOURIDY, GLENN  
277 PARK AVENUE  
NEW YORK, NY

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 119.07(3)(k), 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:

Debra D. Cohagen Debra S. Cohagen

4/29/96

614-842-7190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)