SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P11397** **(7)**

1. Corporation Name
FOA MORTGAGE COMPANY

Principal Place of Business	Mailing Address
1 FIRST OF AMERICA PKWY KALAMAZOO MI 49009-8002 US	1 FIRST OF AMERICA PKWY KALAMAZOO MI 49009-8002 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1986**
3a. Date of Last Report: **09/27/1994**

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

4. FEI Number: **37-1206810** ☐ 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

KLEIN, NOREEN
14499 W. DALE MABRY HIGHWAY
TAMPA FL 33618

10. Name and Address of New Registered Agent

01 Name: David Hurst
02 Street Address (P.O. Box Number is Not Acceptable): 6666 22nd Avenue North
85:
84 City: St. Petersburgh **FL** 85 Zip Code: 33710

11. Pursuant to the provisions of Sections 607.0505 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: DAVID HURST, SR. V.P. 7/6/95
(Signature of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	STIMPSON, DAVID L	12 NAME	
STREET ADDRESS	1 FIRST OF AMERICA PKWY	13 STREET ADDRESS	
CITY ST ZIP	KALAMAZOO MI	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	JOHANSEN, FREDERICK G	22 NAME	V Rick Smalldon
STREET ADDRESS	1 FIRST OF AMERICA PKWY	23 STREET ADDRESS	1 First of America PKWY Kal., MI
CITY ST ZIP	KALAMAZOO MI	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	RISHEL, CAROLYN	32 NAME	
STREET ADDRESS	1 FIRST OF AMERICA PKWY	33 STREET ADDRESS	
CITY ST ZIP	KALAMAZOO MI	34 CITY ST ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	KLEIN, NOREEN	42 NAME	V Salvator Rodriguez
STREET ADDRESS	14499 NORTH DALE MABRY, SUITE 135	43 STREET ADDRESS	14499 North Dale Mabry, Suite 135
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	Tampa, FL
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	OMMEN, STANLEY R	52 NAME	
STREET ADDRESS	115 E WASHINGTON STR	53 STREET ADDRESS	
CITY ST ZIP	BLOOMINGTON IL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	PURNELL, THOMAS D	62 NAME	
STREET ADDRESS	10002 N. 25TH STREET	63 STREET ADDRESS	
CITY ST ZIP	PHOENIX AZ 85028	64 CITY ST ZIP	

CR2E034 (3/95)

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)(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] Sec. & Treas. 6/14/95 (561) 372-8862
(Title) (Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)
CAROLYN J. RISHEL

0181675 FN