

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 026 ***150.00

DOCUMENT # P21878

1. Entity Name

THE HUNTINGTON MORTGAGE COMPANY

Principal Place of Business

Mailing Address

7575 HUNTINGTON PARK DR
 ATT: THOMAS M. BUCHHOLZ
 COLUMBUS OH 43235
 US

7575 HUNTINGTON PARK DR
 HM 2323
 COLUMBUS OH 43235-5618
 US

00011925



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

41 SOUTH HIGH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HC0548

City & State

City & State

COLUMBUS, OHIO

4. FEI Number

31-0881021

Applied For

Not Applicable

Zip

Country

Zip

Country

43287

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, SCOTT R.
 PORTER, WRIGHT, MORRIS & ARTHUR
 4501 TAMiami TRAIL, SUITE 400
 NAPLES FL 33940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, R. F.	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE, HM2300	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FINNEGAN, THOMAS J III	
STREET ADDRESS	7575 HUNTINGTON PARK DR, HM 2300	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRAISER, RALPH K.	
STREET ADDRESS	41 S. HIGH STREET	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SINGLETARY, STEPHEN L.	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE HM 2300	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ADLER, IRVING A	
STREET ADDRESS	7575 HUNTINGTON PARK DR HM3105	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOBST, FRANK	
STREET ADDRESS	41 SOUTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTINE J. TIKSON	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE, HM2300	
CITY-ST-ZIP	COLUMBUS, OHIO 43235	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. CHEAP	
STREET ADDRESS	41 SOUTH HIGH ST	
CITY-ST-ZIP	COLUMBUS, OHIO 43287	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. PATRICK BEGG	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE	
CITY-ST-ZIP	COLUMBUS, OHIO 43235	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY H. LAKE	
STREET ADDRESS	7575 HUNTINGTON PARK DRIVE	
CITY-ST-ZIP	COLUMBUS, OHIO 43235	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH D. FISHER	
STREET ADDRESS	41 SOUTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS, OHIO 43287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER E. GEIER	
STREET ADDRESS	41 SOUTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS, OHIO 43287	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

THOMAS M. BUCHHOLZ

SIGNATURE: Thomas M. Buchholz **ASST. SECRETARY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 12, 2000

Date

614-480-3110

Daytime Phone #