FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 13 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37090 (8)

1. Corporation Name
MAYFLOWER MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
31155 NORTHWESTERN HWY FARMINGTON HILLS MI 48009 US	P.O. BOX 2716 FARMINGTON HILLS MI 48333

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1992	3a. Date of Last Report: 03/16/1994
4. FEI Number: 38-2769122	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 48334 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GEORGE B.	1.2 NAME	
STREET ADDRESS	11697 LORENZ WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MI	1.4 CITY-ST-ZIP	
TITLE	DPC	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAFFNER, RICHARD H.	2.2 NAME	
STREET ADDRESS	22291 INNSBROOK	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHVILLE MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JERRY D.	3.2 NAME	
STREET ADDRESS	1203 ADA ST.	3.3. STREET ADDRESS	
CITY-ST-ZIP	OWOSSO MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CLUCKEY, DANA M.	4.2 NAME	
STREET ADDRESS	2392 TIMBER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWOSSO MI	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	CHIEF FINANCIAL OFFICER ☒ Change ☐ Addition
NAME	WALLACE, DIANA L.	5.2 NAME	LAWRENCE ROSENBERG
STREET ADDRESS	42419 WATERFALL ROAD	5.3 STREET ADDRESS	5742 TEQUESTA COURT
CITY-ST-ZIP	NORTHVILLE MI 48167	5.4 CITY-ST-ZIP	WEST BLOOMFIELD, MI. 48323
TITLE	SVP	6.1 TITLE	EVP ☒ Change ☐ Addition
NAME	MONTICELLO, JESS L.	6.2 NAME	SHIRLEY CLARK
STREET ADDRESS	6374 ODESSA DRIVE	6.3 STREET ADDRESS	8150 FLAGSTAFF
CITY-ST-ZIP	WEST BLOOMFIELD MI 48039	6.4 CITY-ST-ZIP	COMMERCE TOWNSHIP, MI. 48382

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under 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: _____ 03/06/95 (810)932-6500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0467026 FF