

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032722

1. Entity Name

NEW TRIER MORTGAGE CORPORATION

Principal Place of Business

205 WEST JEFFERSON
SUITE 415
SOUTH BEND IN 46801

Mailing Address

205 WEST JEFFERSON
SUITE 415
SOUTH BEND IN 46801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0752150

Applied For
Not Applicable

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME O'BRIEN, ROBERT M
STREET ADDRESS 205 WEST JEFFERSON SUITE 415
CITY-ST-ZIP SOUND BEND IN 46601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOLLAND, JOHN E
STREET ADDRESS 1343 SHARON COPLEY ROAD
CITY-ST-ZIP SHARON CENTER OH 44274 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME FRANKENBERGER, KIM E
STREET ADDRESS 1343 SHARON COPLEY ROAD
CITY-ST-ZIP SHARON CENTER OH 44274 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME O'BRIEN, MARIE A
STREET ADDRESS 205 WEST JEFFERSON SUITE 415
CITY-ST-ZIP SOUTH BEND IN 46601 ☐ Delete

TITLE Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VGC
NAME HOLLAND, J. JEFFREY
STREET ADDRESS 1343 SHARON COPLEY ROAD
CITY-ST-ZIP SHARON CENTER OH 44274 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Robert M. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. O'BRIEN
PRESIDENT

3/29/01

Date

(219) 237-0800
Daytime Phone #

0599410

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90306 041 ***150.00



DO NOT WRITE IN THIS SPACE