

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825740

**Entity Name:** DOVENMUEHLE MORTGAGE, INC.

**Current Principal Place of Business:**

1 CORPORATE DR. SUITE 360  
LAKE ZURICH, IL 60047

**Current Mailing Address:**

1 CORPORATE DR. SUITE 360  
LAKE ZURICH, IL 60047

**FEI Number: 36-2435132**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MYNATT, JR., WILLIAM A  
Address        1 CORPORATE DRIVE, SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            SENIOR VICE PRESIDENT  
Name            PRZYBYLA, MARY K  
Address        1 CORPORATE DRIVE, SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            TREASURER  
Name            BRAUN, GLEN S  
Address        1 CORPORATE DRIVE, SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            SENIOR VICE PRESIDENT  
Name            KLUEVER, BRIAN D  
Address        1 CORPORATE DR. SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            SECRETARY, DIRECTOR  
Name            DUKER, ANN  
Address        1 CORPORATE DR. SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            DIRECTOR  
Name            ROSENBLUM, SCOTT  
Address        1 CORPORATE DR. SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

Title            DIRECTOR  
Name            CROWE, MICHAEL  
Address        1 CORPORATE DR. SUITE 360  
City-State-Zip: LAKE ZURICH IL 60047

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GLEN S BRAUN**

**TREASURER**

**01/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date