

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004163

Entity Name: FIRST EQUITY MORTGAGE OF OHIO, INC.**Current Principal Place of Business:**425 WALNUT STR
2200 US BANK TOWER
CINCINNATI, OH 45202**Current Mailing Address:**211 GRANDVIEW DR
STE 102
FT. MITCHELL, KY 41017 US**FEI Number:** 31-1060110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	D
Name	HEMMER, LYNN
Address	211 GRANDVIEW
City-State-Zip:	FT. MITCHELL KY 41017

Title	VP
Name	MCGILL, MICHAEL
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	VP
Name	CHRISTMAN, JAMES
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	CEO, CHAIRMAN
Name	TERRELL, TIMOTHY M.
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	VP
Name	MCEVOY, CASEY P
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	VP
Name	DOELLMAN, RANDY
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	VP
Name	FELDKAMP, GARY
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

Title	PRESIDENT
Name	SMITH, TODD E
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017

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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: CASEY MCEVOY

VICE PRESIDENT

01/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DREES, DAVID G
Address	211 GRANDVIEW DR STE 102
City-State-Zip:	FT. MITCHELL KY 41017