

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005230

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: INDEPENDENT MORTGAGE COMPANY - EAST MICHIGAN

**Current Principal Place of Business:**

400 S. BROADWAY  
LAKE ORION, MI 48362

**New Principal Place of Business:**

**Current Mailing Address:**

400 S. BROADWAY  
LAKE ORION, MI 48362

**New Mailing Address:**

800 WASHINGTON AVE  
BAY CITY, MI 48708

FEI Number: 38-3394999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LONG, RON  
Address: 201 W BIG BEAVER  
City-St-Zip: TROY, MI 48007

Title: SV ( ) Delete  
Name: SMITH, STEVEN  
Address: 800 WASHINGTON AVE  
City-St-Zip: BAY CITY, MI 48708

Title: S ( ) Delete  
Name: RICHARDSON, JOANNE S  
Address: 1111 W. CARO ROAD  
City-St-Zip: CARO, MI 48723

Title: T ( ) Delete  
Name: TWAROZYNSKI, JAMES J  
Address: 230 W. MAIN STREET  
City-St-Zip: IONIA, MI 48846

Title: D ( ) Delete  
Name: VOLLMAR, GARY  
Address: 4314 E. CASS CITY ROAD  
City-St-Zip: CASS CITY, MI 48726

Title: D ( ) Delete  
Name: EWALD, KURT  
Address: 4949 UNIONVILLE ROAD, RT. 1  
City-St-Zip: UNIONVILLE, MI 48767

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LEUDESORFF, RITA R  
Address: 800 WASHINGTON AVE  
City-St-Zip: BAY CITY, MI 48708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RITA R LEUDESORFF

VP

02/01/2007

Electronic Signature of Signing Officer or Director

Date