

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:42

DOCUMENT # P28807 (6)

1. Corporation Name

WASHINGTON SQUARE MORTGAGE COMPANY

Principal Place of Business

7015 VISTA DRIVE  
WEST DES MOINES IA 50266

Mailing Address

7015 VISTA DRIVE  
WEST DES MOINES IA 50266

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/03/1990

3a. Date of Last Report

02/08/1994

4. FEI Number

06-1245233

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

21

Suite, Apt. #, etc.

City & State

24

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

TITLE

D

NAME

KUK, KENNETH U.

STREET ADDRESS

625 MARQUETTE AVE., S.

CITY-ST-ZIP

MINNEAPOLIS MN

TITLE

P

NAME

NEAL, PAUL E

STREET ADDRESS

7015 VISTA DRIVE

CITY-ST-ZIP

W. DES MOINES IA

TITLE

S

NAME

BROWN, RICHARD M

STREET ADDRESS

625 MARQUETTE AVE., S.

CITY-ST-ZIP

MINNEAPOLIS MN

TITLE

V

NAME

BRECHTEL, WILLIAM J.

STREET ADDRESS

7015 VISTA DRIVE

CITY-ST-ZIP

WEST DES MOINES IA

TITLE

VPAS

NAME

DUTTER, CYNTHIA J

STREET ADDRESS

787 GENEVA

CITY-ST-ZIP

INDIANOLA IA

TITLE

VAS

NAME

AXNE, SUSAN E.

STREET ADDRESS

7015 VISTA DRIVE

CITY-ST-ZIP

WEST DES MOINES IA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS RICK BREUSS  
7015 VISTA DRIVE  
WEST Des Moines, IA 50266

(Remove)

(Remove)  
C. DUTTER

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rick Breuss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Breuss, Assistant Secretary PC/compliance

02/28/95

515-221-3583