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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P28807 (6)
 1. Corporation Name
RELIASTAR MORTGAGE CORPORATION



Principal Place of Business: **3015 HARTLEY RD., SUITE 15 JACKSONVILLE FL 32257**
 Mailing Address: **3015 HARTLEY RD., SUITE 15 JACKSONVILLE FL 32257-8227**

3. Date Incorporated or Qualified: **04/03/1990**
 3a. Date of Last Report: **05/19/1996**
 4. FEI Number: **06-1245233**
 Applied For: 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.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
7015 Vista Drive
 Suite, Apt. #, etc.: **27**
 City & State: **28**
West Des Moines, IA
 Zip: **29** Country: **30**
50266

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUK, KENNETH U.	1.2 NAME	
STREET ADDRESS	100 WASHINGTON SQUARE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, LAWRENCE E.	2.2 NAME	
STREET ADDRESS	7015 VISTA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. DES MOINES IA 50266	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RICHARD M	3.2 NAME	Susan M. Bergen
STREET ADDRESS	20 WASHINGTON AVE. S.	3.3 STREET ADDRESS	20 Washington Ave S.
CITY - ST - ZIP	MINNEAPOLIS MN	3.4 CITY - ST - ZIP	Minneapolis, MN
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHTEL, WILLIAM J.	4.2 NAME	SVP
STREET ADDRESS	7015 VISTA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST DES MOINES IA	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREUSS, RICK	5.2 NAME	
STREET ADDRESS	7015 VISTA DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST DES MOINES IA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 607, 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** **4/15/97** **515-222-3883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)