

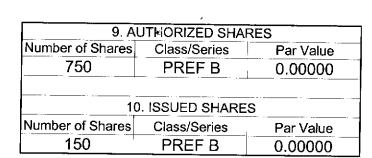
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

I ROVIDENCE TEAVIATIONS

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

Filing Period: January 1 · March 1 · Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 71600	2. Name of Corporat	MORTGAGE, 1	NYC	 	
3. Street Address Principal	Business Office	MUNICINGE, I		T Campa	
	TREE BLUD.,		INDEPENDENCE	State OH	44131
800-531-3837 OHIO					
6, Brief Description of the MORTGAGE	Character of Business Conducted t	n Rhode Island			··-·····
7. NAMES AND ADD		S: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	S BEFORE USING A	TTACHMENTS
PAUL E. KLEMME			Vice President Name		
Street Address.			Street Address		
City OAK	TREE BLVD., S	<u>006 3700</u>	· citi	I o	
INDEPENDEN	XE OH	44131	City	State	Zip
JEFFREY H. MARGOUS			Treasurer Name DOUGLAS V. GATHANV		
6200 CAK TREE BLVD., SVITE, 300			Street Address		
City	State	Zip Six	700 OAKMONT	State	Zip
N3CN393CN	CE OH RESSES OF THE DIRECTO	44131	WESTMONT	IIL	6 0559
Director Name			Director Name	ES BEFORE USING	ATTACHMENTS
PAUL E. KLEMME Street Address			DOUGLAS V. GATHANY Street Address		
6200 CAK TREE BLYD. SUITE 300			200 OAKMONT LN.		
City	State	Zip	City	State	Zφ
Director Name	LE JOH	<i>143131</i>	Director Name	الليا	
Character 4.7.2					₹
Street Address			Street Address	e." 5.	
City	State	Zip	City	State	Z_{ip}
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10, SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION Number of Shares	Class/Series	Par Value
15,000	Hommos	.00000	19,846.000	Common	- Recco
150	PREF A	- 00000	5001000 ECTION	PREF A	00000.
This report must be e	xecuted on behalf of the co	rporation by an authorized	l representative. If the corporat	ion is in the hands o	f a receiver or trustee,
this report must be ex	ecuted on behalf of the cor	poration by the receiver o	r trustee.		
		ED			
		FILL	Under penalty of perjury, I	declare and affirm that	I have examined this report,
		JON 3 0 2008	including any accompanyi contained herein are true a	ng schedules and stater nd correct,	nents, and that all statements
File Date			lyfle		-27-08
Check No.		3 Y - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature Date		
			Print or Type Name		
By:			PRESIDENT		
FOR SECRETAR	Y OF STATE USE ONLY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title		



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