State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corporation
93160	National City Mortgage, Inc.

3. Street Address Principal Business Office	City	State	Zip
3232 Newmark Drive	Miamisburg	OH	45342

4. Business Phone No.	5. State of Incorporation
(216) 222-2000	Ohio

6. Brief Description of the Character of Business Conducted in Rhode Island
Mortgage origination and brokerage

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Rick A. Smalldon	3232 Newmark Drive	Miamisburg	OH	45342

Vice President Name	Street Address	City	State	Zip
John D. Walter	3232 Newmark Drive	Miamisburg	OH	45342

Secretary Name	Street Address	City	State	Zip
Robert C. Ellis	3232 Newmark Drive	Miamisburg	OH	45342

Treasurer Name	Street Address	City	State	Zip
None				

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Paul E. Bibb	3232 Newmark Drive	Miamisburg	OH	45342

Director Name	Street Address	City	State	Zip
Jeffrey D. Kelly	1900 East Ninth Street	Cleveland	OH	44114

Director Name	Street Address	City	State	Zip
Peter E. Raskind	1900 East Ninth Street	Cleveland	OH	45342

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
10,000	Common	No Par

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1,000	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature — *Date* 2-5-09

John D. Walter
Print or Type Name

Vice President
Title

[redacted]

File Date FILED

Check No. FEB 17 2009

By: By 4694815

FOR SECRETARY OF STATE USE ONLY