



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

71600

COOPERATIVE MORTGAGE SERVICES, INC.

3. Street Address Principal Business Office

5875 Landerbrook Drive, Suite 220

City

Mayfield Hts.

State

Ohio

Zip

44124

4. Business Phone No.

(440) 684-5599

5. State of Incorporation

OHIO

6. SIC Code

6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Origination of First Lien Residential Mortgages.

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

President Name

Robert J. Rosing

Vice President Name

James R. Coreno

Street Address

5875 Landerbrook Drive, Suite 220

Street Address

5875 Landerbrook Drive, Suite 220

City

Mayfield Hts.

State

Ohio

Zip

44124

City

Mayfield Hts.

State

Ohio

Zip

44124

Secretary Name

Edward J. Davidson

Treasurer Name

Edward J. Davidson

Street Address

5875 Landerbrook Drive, Suite 220

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Mayfield Hts.

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Mayfield Hts.

State

Ohio

Zip

44124

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

Director Name

Robert J. Rosing

Director Name

Street Address

5875 Landerbrook Drive, Suite 220

Street Address

City

Mayfield Hts.

State

Ohio

Zip

44124

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000

Common

None

750

Preferred A

None

750

Preferred B

None

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

13,970

Common

None

500

Preferred

None

150

Preferred

None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 1 6 0 0 *

File Date: 11/22/99

Check No.: 7472

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Robert J. Rosing

Date

2/15/99

Print or Type Name of Officer

President

Title of Officer