

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

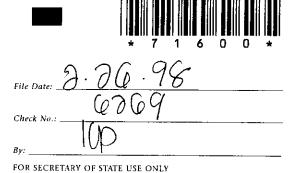
STOP PILASE READ INSTRUCTIONS

(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 City Zio 5875 LANDERBROOK DRIVE, SUITE 220 MAYFIELD HTS. 44124 OHIO 4. Business Phone No. 5. State of Incorporation 6. SIC Code (440) 684-5599 OHIO 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) President Name Vice President Name ROBERT J. ROSING JAMES R. CORENO Street Address Street Address 5875 LANDERBROOK DRIVE, SUITE 220 5875 LANDERBROOK DRIVE, SUITE 220 State State MAYFIELD HTS. OHIO 44124 MAYFIELD HTS. 44124 OHIO Secretary Name Treasurer Name EDWARD J. DAVIDSON EDWARD J. DAVIDSON Street Address Street Address 5875 LANDERBROOK DRIVE, SUITE 220 5875 LANDERBROOK DRIVE, SUITE 220 City State MAYFIELD HTS. OHIO MAYFIELD HTS. OHIO 44124 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name EDWARD J. DAVIDSON ALBERT J. DAVIDSON Street Address Street Address 5875 LANDERBROOK DRIVE, SUITE 220 5875 LANDERBROOK DRIVE, SUITE 220 City MAYFIELD HTS. OHIO 44124 MAYFIELD HTS. OHIO 44124 Director Name Director Name ROBERT J. ROSING Street Address Street Address 5875 LANDERBROOK DRIVE, SUITE 220 City State Zip OHIO 44124 MAYFIELD HTS. 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 15,000 COMMON NONE 13,970 COMMON NONE



PREFERRED A

NONE

750

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

PREFERRED

NONE

ROBERT J. ROSING
Print or Type Name of Officer

PRESIDENT

Title of Officer

Signature of Officer

500

This report must be signed in like by either the President, Vice President, Secretary, Assistant Secretary, Ireasurer, Receiver or Trustee