



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  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

City

State

Zip

**5875 LANDERBROOK DRIVE, SUITE 220**

**MAYFIELD HTS.**

**OHIO**

**44124**

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**

City

State

Zip

City

State

Zip

**MAYFIELD HTS. OHIO 44124**

**MAYFIELD HTS. OHIO 44124**

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

Zip

City

State

Zip

**MAYFIELD HTS. OHIO 44124**

**MAYFIELD HTS. OHIO 44124**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

**EDWARD J. DAVIDSON**

**ALBERT J. DAVIDSON**

Street Address

Street Address

**5875 LANDERBROOK DRIVE, SUITE 220**

**5875 LANDERBROOK DRIVE, SUITE 220**

City

State

Zip

City

State

Zip

**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

City

State

Zip

**MAYFIELD HTS. OHIO 44124**

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**15,000**

**COMMON**

**NONE**

**13,970**

**COMMON**

**NONE**

**750**

**PREFERRED A**

**NONE**

**500**

**PREFERRED**

**NONE**

**750**

**PREFERRED B**

**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:

**2-26-98**

Check No.:

**6269**

By:

**top**

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

Date

**ROBERT J. ROSING**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer