

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.

2. NAME OF CORPORATION

71600

COOPERATIVE MORTGAGE SERVICES, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

5875 Landerbrook Drive Suite 220

Mayfield Heights

Ohio

44124

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

(216) 442-8750

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

PRESIDENT NAME

Robert J. Rosing

STREET ADDRESS

5875 Landerbrook Drive Suite 220

CITY

Mayfield Heights Ohio

ZIP CODE

44124

SECRETARY NAME

Edward J. Davidson

STREET ADDRESS

5875 Landerbrook Drive Suite 200

CITY

STATE

ZIP CODE

Mayfield Heights Ohio

44124

VICE PRESIDENT NAME

James R. Coreno

STREET ADDRESS

5875 Landerbrook Drive Suite 220

CITY

Mayfield Heights

STATE

Ohio

ZIP CODE

44124

TREASURER NAME

Edward J. Davidson

STREET ADDRESS

5875 Landerbrook Drive Suite 200

CITY

STATE

Ohio

ZIP CODE

44124

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

Edward J. Davidson

STREET ADDRESS

5875 Landerbrook Drive Suite 200

CITY

STATE

ZIP CODE

Mayfield Heights Ohio

44124

DIRECTOR NAME

Albert J. Davidson

STREET ADDRESS

5875 Landerbrook Drive Suite 200

CITY

STATE

Ohio

ZIP CODE

44124

DIRECTOR NAME

Robert J. Rosing

STREET ADDRESS

5875 Landerbrook Drive Suite 220

CITY

STATE

ZIP CODE

Mayfield Heights Ohio

44124

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

15,000

Common

None

13,970

Common

None

750

Preferred A

None

500

Preferred A

None

750

Preferred B

None

150

Preferred B

None

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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
Print or Type Name of Officer

President
Title of Officer

2-22-96

File Date:

3/4/96

Check No:

002982

By:

CE

For Secretary of State Use Only