



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Compass Mortgage, Inc.

SECTION II

It is incorporated under the laws of State: IL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 10/28/1999

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 27755 DIEHL ROAD
SUITE 100

City or Town: WARRENVILLE State: IL Zip: 60555 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

RESIDENTIAL MORTGAGE LENDING

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or

country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN WILLIAMSON	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
CEO	DANIEL GRAHAM	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	DANIEL GRAHAM	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	KEVIN WILLIAMSON	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	SPENCER BROWN	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	DEAN HEINZMANN	9000 N. KNOXVILLE PEORIA, IL 61615 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN WILLIAMSON	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
CEO	DANIEL GRAHAM	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	DANIEL GRAHAM	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	KEVIN WILLIAMSON	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	SPENCER BROWN	27755 DIEHL ROAD, SUITE 100 WARRENVILLE, IL 60555 USA
DIRECTOR	DEAN HEINZMANN	9000 N. KNOXVILLE PEORIA, IL 61615 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

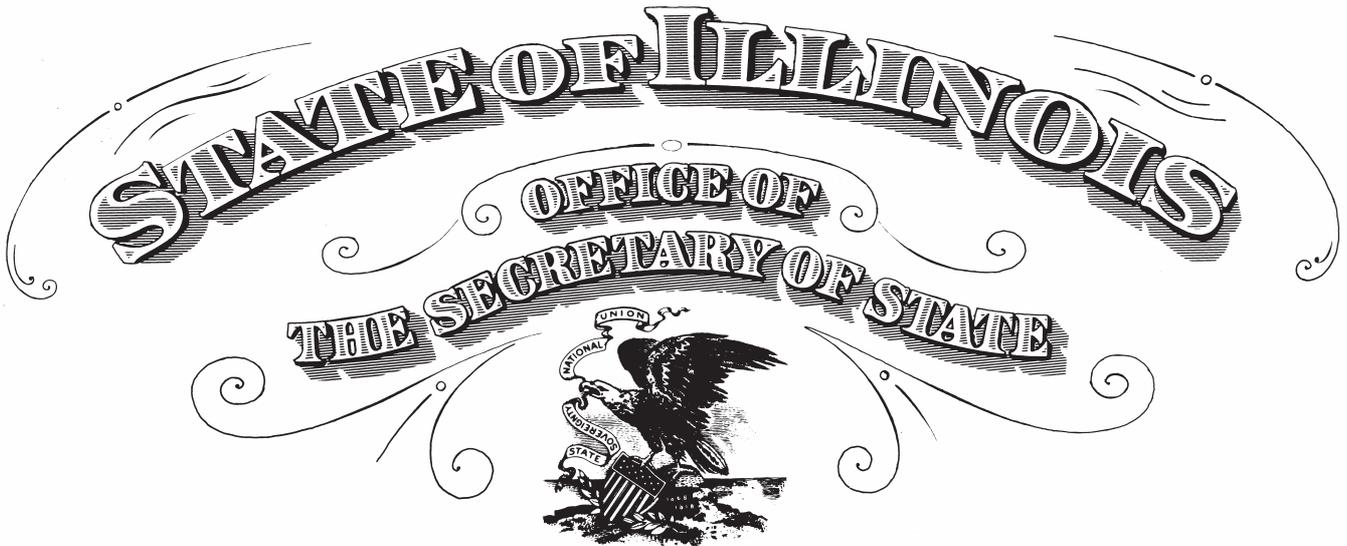
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>
CWP			\$1.0000 10,000.00

Signed this 12 Day of March, 2025 at 11:48:01 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By KEVIN A WILLIAMSON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COMPASS MORTGAGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 28, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of FEBRUARY A.D. 2025 .



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 12, 2025 11:46 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

