

# SECOND MORTGAGE LENDER

## RELOCATION APPLICATION

### Ohio Mortgage Loan Act



Mail the completed application, accompanying materials, and any filing fee to:

Department of Commerce  
Division of Financial Institutions  
77 South High Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215-6120  
Telephone: (614) 728-8400

<http://www.com.state.oh.us/dfi/>

**WARNING:** It is a crime to knowingly provide a false statement to a government official or public agency.

Revised Code 2921.13

*"An Equal Opportunity Employer and Service Provider"*

**SECOND MORTGAGE LENDER  
MAIN OFFICE OR BRANCH OFFICE RELOCATION APPLICATION**

Revised Code 1321.53(C)

**SUBMIT THIRTY DAYS PRIOR TO THE RELOCATION.**

**UPON RECEIPT OF A NEW CERTIFICATE FROM THE DIVISION OF FINANCIAL INSTITUTIONS (DIVISION), YOU MUST RETURN YOUR PRIOR CERTIFICATE OF REGISTRATION TO THE DIVISION.**

**A Request to Relocate a Main Office or Branch Office of a Second Mortgage Lender Registrant must contain the following items:**

- ◆ **A completed and duly executed Relocation Application;**
- ◆ **A Company Resolution giving authority to the Second Mortgage Lender Registrant representative to execute this form on behalf of the Second Mortgage Lender; and**
- ◆ **Appropriate fee, if required. If the proposed relocation is within the same “municipal corporation”, no fee is required. If the proposed relocation is outside the original “municipal corporation”, the filing fee is: \$500 if the application is filed between July 1st through December 31st OR \$350 if the application is filed January 1st through June 30<sup>th</sup>. PLEASE MAKE CHECKS PAYABLE TO THE DIVISION OF FINANCIAL INSTITUTIONS.**

1. Name of Second Mortgage Lender Registrant Listed on Original Certificate of Registration: \_\_\_\_\_

2. Certificate of Registration Number Issued by Division: \_\_\_\_\_

3. Present Address of Place of Business Maintained under, and Listed on, the Certificate of Registration: \_\_\_\_\_

Street

City State County Zip Code

Is this address located within a “municipal corporation” (an incorporated city or village): Yes  No

If “Yes”, please list the name of the “municipal corporation” in which the business is located. \_\_\_\_\_

4. Address to Which the Registrant Proposes to Relocate: \_\_\_\_\_

Street

City State County Zip Code

Is this address located within a “municipal corporation” (an incorporated city or village): Yes  No

If “Yes”, please list the name of the “municipal corporation” in which the business is located: \_\_\_\_\_

5. The date of the proposed relocation: \_\_\_\_\_

6. Indicate the proposed business hours and days of the new location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

7. Will all books, records, files, etc. from business conducted under your present Certificate be transferred to the new location? Yes  No

If “No”, attach a separate sheet giving complete details.

**THE NEW CERTIFICATE OF REGISTRATION WILL BE SENT TO THE SECOND MORTGAGE LENDER’S MAIN OFFICE MAILING ADDRESS. TO ENSURE TIMELY RECEIPT, PLEASE PROVIDE THIS MAILING ADDRESS.**

\_\_\_\_\_  
\_\_\_\_\_

## SECOND MORTGAGE LENDER ATTESTATION

The undersigned hereby swears or affirms that this Second Mortgage Lender Relocation Application and any attachments have been prepared or carefully reviewed by the undersigned and that these constitute a complete, truthful, and correct statement of all information requested herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution.

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Printed Name

Title

Date

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Signature

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*For DFI Office Use Only*

Date application approved \_\_\_\_\_

By \_\_\_\_\_, Superintendent

## COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. *NOTE: Unincorporated sole proprietors do not need to submit a company resolution.*)

\_\_\_\_\_  
(Name of Company)

AT A MEETING OF ITS \_\_\_\_\_ HELD AT \_\_\_\_\_  
(members, partners, managers, trustees or board of directors)  
ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_, PURSUANT TO LAWFUL NOTICE OR WAIVER  
THEREOF, and at which meeting a quorum for the transaction of business was present, the following was duly adopted:

“**BE IT RESOLVED**, that \_\_\_\_\_  
(Name of Individual and Company Title)

or \_\_\_\_\_  
(Name of Individual and Company Title)

of \_\_\_\_\_  
(Name of Company)

Be authorized and directed by the Company's members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

### CERTIFICATION

The undersigned hereby certifies that he/she is the \_\_\_\_\_ Secretary of \_\_\_\_\_, a company organized and existing under the laws of the State of \_\_\_\_\_; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By \_\_\_\_\_  
(Company Secretary – Signature)

Date \_\_\_\_\_