

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832452

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: GE RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

## Current Principal Place of Business:

6601 SIX FORKS RD.  
P.O. BOX 177800  
RALEIGH, NC 27619

## New Principal Place of Business:

6601 SIX FORKS RD.  
RALEIGH, NC 27615

## Current Mailing Address:

6601 SIX FORKS RD.  
P.O. BOX 177800  
RALEIGH, NC 27619

## New Mailing Address:

6601 SIX FORKS RD.  
RALEIGH, NC 27615

FEI Number: 38-1997500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MANN, THOMAS H  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC

Title: VD ( ) Delete  
Name: DALL, MARCIA A  
Address: 6601 SIX FORKS RD.  
City-St-Zip: RALEIGH, NC 27615

Title: V ( ) Delete  
Name: GREEN, JEANNIE B  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC

Title: VS ( ) Delete  
Name: TAGGART, JOHN C  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: VD ( ) Delete  
Name: MILLER, GERHARD A  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MANN, THOMAS H  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GREEN, JEANNIE B  
Address: 6601 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA DANIEL

AS

01/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date