

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90050 002 \*\*\*150.00

**DOCUMENT # F0000000525**

1. Entity Name  
**TRIADVANTAGE CREDIT SERVICES, INC.**

Principal Place of Business  
**8400 NORMANDALE LAKE BLVD., SUITE 600**  
**MINNEAPOLIS MN 55437**

Mailing Address  
**ONE MERIDIAN CROSSING**  
**SUITE 100**  
**MINNEAPOLIS MN 55423**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**One Meridian Crossings**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 100**

City & State

City & State  
**Minneapolis, MN**

4. FEI Number **41-1960232**

Applied For  
 Not Applicable

Zip

Country

Zip

**55423**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C. T. CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. See attached list OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARADIS, BRUCE J</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD.</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>O'SHEA, JOHN C</b>	
STREET ADDRESS	<b>7801 METRO PARKWAY, SUITE 100</b>	
CITY-ST-ZIP	<b>BLOOMINGTON MN 55425</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GRACE, ANDREW W</b>	
STREET ADDRESS	<b>7801 METRO PARKWAY, SUITE 100</b>	
CITY-ST-ZIP	<b>BLOOMINGTON MN 55425</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHHOLZ, ROY L</b>	
STREET ADDRESS	<b>7801 METRO PARKWAY, SUITE 100</b>	
CITY-ST-ZIP	<b>BLOOMINGTON MN 55425</b>	
TITLE	<b>DCFO</b>	<input type="checkbox"/> Delete
NAME	<b>OLSON, DAVEE L</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD., SUITE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SEATS, MICHAEL J</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD., SUITE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John C. O'Shea</b>	
STREET ADDRESS	<b>1160 Centre Pointe Drive</b>	
CITY-ST-ZIP	<b>Mendota Heights, MN 55120</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andrew W. Grace</b>	
STREET ADDRESS	<b>1160 Centre Pointe Drive</b>	
CITY-ST-ZIP	<b>Mendota Heights, MN 55120</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roy L. Buchholz</b>	
STREET ADDRESS	<b>1160 Centre Pointe Drive</b>	
CITY-ST-ZIP	<b>Mendota Heights, MN 55120</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Andrew W. Grace, President** 08/28/2002 (800) 733-8374

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Affa Chment*

677399

# F0000000525

August 13, 2002

Florida Division of Corporations  
ATTN: Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

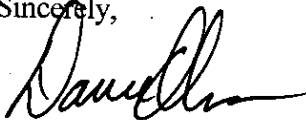
Re: KBOne, Inc.	Federal ID# 54-1825815
TRIADvantage Credit Services, Inc.	Federal ID# 41-1960232
Residential Funding Corporation	Federal ID# 93-0891336
GMAC Model Home Finance, Inc.	Federal ID# 54-1779094
LENOne, Inc.	Federal ID# 54-1927425
RFC Construction Funding Corp.	Federal ID# 41-1925730
TOLOne, Inc.	Federal ID# 54-1973108
RHOne, Inc.	Federal ID# 54-1882104

Dear Sir/Madam:

This letter is to request that the late fee of \$400.00 for the 2002 Uniform Business Reports for each of the above referenced corporations be waived. The reason for this request is that the first notice with a May 1, 2002 due date for these corporations was never received. In fact, the only notice that has been received is one with a September 13, 2002 due date for KBOne, Inc. which was received on July 8, 2002, and prompted a call to your Department for the forms of the other corporations.

If you should have any questions, please call Angela Miller, Licensing Assistant at (952) 979-4178, or Erika Johnson, Compliance Officer at (952) 979-2612, who handles these reports in the Business and Compliance Risk Department.

Sincerely,



Davee L. Olson  
Chief Financial Officer

**TRIADvantage Credit Services, Inc.**  
**Senior Officers<sup>1</sup> & Board of Directors**

NAME	TITLE	BUSINESS ADDRESS
Andrew W. Grace	President	1160 Centre Pointe Drive Mendota Heights, MN 55120
John C. O'Shea	Senior Vice President	1160 Centre Pointe Drive Mendota Heights, MN 55120
Roy L. Buchholz	Senior Vice President	1160 Centre Pointe Drive Mendota Heights, MN 55120
Davee L. Olson	Chief Financial Officer and Director	8400 Normandale Lake Blvd., Suite 600 Minneapolis, MN 55437
Michael J. Seats	Secretary & General Counsel	8400 Normandale Lake Blvd., Suite 600 Minneapolis, MN 55437
Bruce J. Paradis	Director	8400 Normandale Lake Blvd., Suite 600 Minneapolis, MN 55437
David C. Walker	Director	200 Renaissance Center Detroit, MI 48265
Richard F. Klumpp	Director	3993 Howard Hughes Parkway, Suite 250 Las Vegas, NV 89109

*Attachment*

677399  
 #FOOOOOO0525

Parent Company: Residential Funding Corporation 100% - Shareholder

<sup>1</sup> These officers are currently the senior officers of the company with primary policy-making authority.  
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