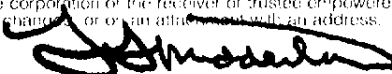


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000091428 1. Corporation Name Residential Mortgage Corporation (IMC), Inc.			
Principal Place of Business 100 Midway Road Suite 21 Cranston, RI 02920 - U.S.A.		Mailing Address 5901 E. Fowler Avenue Tampa, FL 33617-2362 - U.S.A.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature: typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P NAME Harry C. Struck STREET ADDRESS 100 Midway Road, Suite 21 CITY-ST-ZIP Cranston, RI 02920		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D/V NAME George Nicholas STREET ADDRESS 5901 E. Fowler Avenue CITY-ST-ZIP Tampa, FL 33617-2362		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE C/V NAME Thomas G. Middleton STREET ADDRESS 5901 E. Fowler Avenue CITY-ST-ZIP Tampa, FL 33617-2362		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE V/S NAME Laurie S. Williams STREET ADDRESS 5901 E. Fowler Avenue CITY-ST-ZIP Tampa, FL 33617-2362		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE V NAME Susan W. McCarthy STREET ADDRESS 1301 Virginia Drive, Suite 110 CITY-ST-ZIP Ft. Washington, PA 19034		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D/T NAME Stuart D. Marvin STREET ADDRESS 5901 E. Fowler Avenue CITY-ST-ZIP Tampa, FL 33617-2362		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached addendum with an address.			
SIGNATURE: 		4/20/98 - (800) 776-2211 ext. 2533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)