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.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1997**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-2350618** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Harry C. Struck		1.2 NAME		
STREET ADDRESS	100 Midway Road, Suite 21		1.3 STREET ADDRESS		
CITY-ST-ZIP	Cranston, RI 02920		1.4 CITY-ST-ZIP		
TITLE	D/V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	George Nicholas		2.2 NAME		
STREET ADDRESS	5901 E. Fowler Avenue		2.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33617-2362		2.4 CITY-ST-ZIP		
TITLE	C/V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Thomas G. Middleton		3.2 NAME		
STREET ADDRESS	5901 E. Fowler Avenue		3.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33617-2362		3.4 CITY-ST-ZIP		
TITLE	V/S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Laurie S. Williams		4.2 NAME		
STREET ADDRESS	5901 E. Fowler Avenue		4.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33617-2362		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Susan W. McCarthy		5.2 NAME		
STREET ADDRESS	1301 Virginia Drive, Suite 110		5.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Washington, PA 19034		5.4 CITY-ST-ZIP		
TITLE	D/T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Stuart D. Marvin		6.2 NAME		
STREET ADDRESS	5901 E. Fowler Avenue		6.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33617-2362		6.4 CITY-ST-ZIP		

500002503334
-04/28/98--01089--004
***150.00

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 attachment 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)