

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 012 ***150.00

DOCUMENT # F00000000857

1. Entity Name

RESIDENTIAL FINANCE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 N. FRONT ST

Suite, Apt. #, etc.

300

3. Mailing Address

401 N. FRONT ST

Suite, Apt. #, etc.

300

DO NOT WRITE IN THIS SPACE

City & State

COLUMBUS, OHIO

City & State

COLUMBUS, OHIO

4. FEI Number

31-1534662

Applied For

Not Applicable

Zip

43215

Country

USA

Zip

43215

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION, FL

FL

Zip Code

33324

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.

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
P, D
MICHAEL ISAACS
STREET ADDRESS
401 N FRONT ST SUITE 300
CITY - ST - ZIP
COLUMBUS, OHIO 43215

TITLE
NAME
V, S, T, D
DAVID K STEIN
STREET ADDRESS
401 N FRONT ST SUITE 300
CITY - ST - ZIP
COLUMBUS, OHIO 43215

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

DAVID K STEIN

04/30/02 6143244700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #