2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001972

Title:

Name:

Address:

City-St-Zip:

CFO

NOACK, EVA

(X) Delete

2175 N. CALIFORNIA DR. #1000

WALNUT CREEK, CA 94596

Entity Name: RESIDENTIAL PACIFIC MORTGAGE INC

FILED Apr 29, 2008 Secretary of State

Entity Nar	ne: KESIDEI	NTIAL PACIFIC MORTGAGE IN	IC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2175 N. C <i>F</i> #1000	ALIFORNIA DI	₹.				
	CREEK, CA 9	4596				
Current Mailing Address:			New Mailing Address:			
	ALIFORNIA DI	₹.				
#1000 WALNUT (CREEK, CA 9	4596				
FEI Number:	68-0253883	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status De	sired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
2731 EXEC STE 4 WESTON, The above	of Florida.	3	urpose of changing i	ts registered office or registered age	ent, or both,	
Electronic Signature of Registered Agent			nt	 Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HIRT, ROB) Delete ORNIA DR. #1000 EK, CA 94596	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition HIRT, ROB 2175 N. CALIFORNIA DR. #1000 WALNUT CREEK, CA 94596		
Title: Name: Address: City-St-Zip:	HIRT, ROB) Delete ORNIA DR. #1000 EK, CA 94596	Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition HIRT, TRACEY 2175 N. CALIFORNIA DR. #1000 WALNUT CREEK, CA 94596		
Title: Name: Address: City-St-Zip:	HIRT, TRACEY	ORNIA DR. #1000	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition NOACK, EVA 2175 N. CALIFORNIA DR. #1000 WALNUT CREEK, CA 94596		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TRACEY HIRT PRES 04/29/2008

() Change () Addition