


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005471	
1. Entity Name HOMEcomings FINANCIAL NETWORK, INC.	

Principal Place of Business 8400 NORMANDALE LAKE BLVD. SUITE 600 MINNEAPOLIS, MN 55437	Mailing Address ONE MERIDIAN CROSSINGS SUITE 100 MINNEAPOLIS, MN 55423 US
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0369458	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000133468
04/27/04-80090-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARADIS, BRUCE J 8400 NORMANDALE LAKE BLVD. MINN, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD. MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DAVID C 200 RENAISSANCE CENTER DETROIT, MI 48265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD. MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE GILSON, CHRISTOPHER T 2711 NORTH HASKILL AVE, SUITE 1000 DALLAS, TX 75204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP SEATS, MICHAEL J 8400 NORMANDALE LAKE BLVD. MINNEAPOLIS, MN 55437

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Davee L Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2004 (952) 832-7000
Date Daytime Phone #