

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90030 007 \*\*\*150.00

**DOCUMENT # F96000001294**

1. Entity Name

**GMAC MODEL HOME FINANCE, INC.**

Principal Place of Business

**8400 NORMANDALE LAKE BLVD  
 SUITE 600  
 MINNEAPOLIS MN 55437  
 US**

Mailing Address

**8400 NORMANDALE LAKE BLVD  
 SUITE 600  
 MINNEAPOLIS MN 55437  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**One Meridian Crossings**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Minneapolis, MN**

Zip

**55423**

Country

**USA**

4. FEI Number

**54-1779094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, GREGORY B</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>OLSON, DAVEE L</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SEATS, MICHAEL J</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLAVIN, DAVID</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARADIS, BRUCE J</b>	
STREET ADDRESS	<b>8400 NORMANDALE LAKE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55437</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, DAVID C</b>	
STREET ADDRESS	<b>3031 W GRAND BLVD, STE 695</b>	
CITY-ST-ZIP	<b>DETROIT MI 48201</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>EVP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Davee L. Olson</b>	
STREET ADDRESS	<b>8400 Normandale Lake Blvd.</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55437</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Douglas B. Hultberg</b>	
STREET ADDRESS	<b>8400 Normandale Lake Blvd.</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55437</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David C. Walker</b>	
STREET ADDRESS	<b>200 Renaissance Center</b>	
CITY-ST-ZIP	<b>Detroit, MI 48265</b>	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael J. Seats, Secretary 1/31/01 (952) 832-7000**

Date

Daytime Phone #

CR2E034 (10/00)