

FILED  
Aug 18, 2002 8:00 am  
Secretary of State

08-18-2002 90128 037 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001636

1. Entity Name

River City Mortgage Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1895 Plaza Drive

Suite, Apt. #, etc.

Suite 250

City & State

Eagan, MN

Zip

55122

Country

US

3. Mailing Address

1895 Plaza Drive

Suite, Apt. #, etc.

Suite 250

City & State

Eagan, MN

Zip

55122

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-1772594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Cole, Linda

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

4030 Vancouver Avenue

City

Cocoa

FL

Zip Code

32926

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.

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  
STREET ADDRESS  
CITY - ST - ZIP  
PT  
Olsen, Luis B  
4470 Lynx Court  
Eagan, MN 55122

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V.  
Frechette, Gary R  
4721 West 124th Street  
Savage, MN 55378

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
Peterson, Blaine M  
9701 Upton Road  
Bloomington, MN 55431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: Louis B. Olsen IV X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #