## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000001636

Entity Name: RIVER CITY MORTGAGE CORPORATION

FILED Mar 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1895 PLAZA DR STE 250 EAGAN, MN 55122 **Current Mailing Address: New Mailing Address:** 1895 PLAZA DR STE 250 EAGAN, MN 55122 US FEI Number: 41-1772594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, LINDA 4030 VANCOUVER AVE COCOA, FL 32926 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition OLSEN, LOUIS B OLSEN, LOUIS B Name: Name: 4470 LYNX COURT 4470 LYNX COURT Address: Address: EAGAN, MN 55123 City-St-Zip: City-St-Zip: EAGAN, MN 55123 US Title: VΡ Title: () Delete (X) Change ( ) Addition FRECHETTE, GARY R Name: Name: FRECHETTE, GARY R 19071 HIGHVIEW CT. 4721 WEST 124TH STREET Address: Address: SAVAGE, MN 55378 PRIOR LAKE, MN 55372 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: VΡ (X) Change ( ) Addition PETERSON, BLAINE M PETERSON, BLAINE M Name: Name: 9701 UPTON ROAD 9701 UPTON ROAD Address: Address: City-St-Zip: BLOOMINGTON, MN 55431 City-St-Zip: BLOOMINGTON, MN 55431 US Title: () Delete Title: MGR ( ) Change (X) Addition COLE, LINDA Name: Name: Address: Address: 4030 VANCOUVER AVE. City-St-Zip: City-St-Zip: COCOA, FL 32926 US Title: Title: ( ) Change (X) Addition MGR ( ) Delete Name: Name: SCHULTZ, MICHAEL Address: 20181 ANN RIVER DR. Address: City-St-Zip: City-St-Zip: MORA, MN 55051 US Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: MILLER, SCOTT 10100 94TH AVE. N. Address: Address: City-St-Zip: City-St-Zip: MAPLE GROVE, MN 55369 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LOUIS B. OLSEN PT 03/19/2004