

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002037 (7)

1. Corporation Name

RESIDENTIAL MONEY CENTERS, INC.

Principal Place of Business

180 SUMMIT AVENUE  
MONTVALE NJ 07645

Mailing Address

180 SUMMIT AVENUE  
MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/24/1996

4. FEI Number

Applied For

23-2772890

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 20 Craig Road

Suite, Apt. #, etc.

22

City & State

23 Montvale, NJ

Zip

24 07645

Country

25 USA

2a. Mailing Address

26 20 Craig Road

Suite, Apt. #, etc.

27

City & State

28 Montvale, NJ

Zip

29 07645

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DACEY, WILLIAM F ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
180 SUMMIT AVENUE  
MONTVALE NJ

TITLE VD SHEEHAN, DENNIS W ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8400 NORMANDALE LAKE BLVD  
MINNEAPOLIS MN

TITLE VTD OLSON, DAVEE L ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8400 NORMANDALE LAKE BLVD  
MINNEAPOLIS MN

TITLE VS GLEASON, LORNA J ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8400 NORMANDALE LAKE BLVD  
MINNEAPOLIS MN

TITLE V BORRELLI, LAURA J ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
180 SUMMIT AVENUE  
MONTVALE NJ

TITLE V SCHWARTZ, ROBERT L ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3044 W GRAND BLVD  
DETROIT MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
20 Craig Road  
Montvale, NJ 07645

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Executive Vice President

9/15/97

800-666-9762

CR2E034 (4/97)